



## Library Card Application

Name: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Preferred phone #: \_\_\_\_\_ Circle one: cell home work

Email address: \_\_\_\_\_

Please check here if you would like to receive emails about programs and events at the library ☐

Date of birth: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature of parent if under age 12: \_\_\_\_\_

For staff use only:

Barcode # \_\_\_\_\_ Staff Initials \_\_\_\_\_ Date \_\_\_\_\_



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