

Library Card Application

Name:	
City:	State: Zip code:
Preferred phone #:	Circle one: cell home work
Email address:	
Please check here if you would like to rece	ve emails about programs and events at the libra
Date of birth:	
Signature:	
Signature of parent if under age 12:	
For	staff use only:
Barcode #	Staff Initials Date
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