



"THE POWER OF KNOWLEDGE"

Library Card Application

Last Name:	
First Name:	
Middle Name:	
Address:	
City:	
State:	
Zip:	
Home Phone:	
Work Phone:	
Date of Birth:	
Permanent Address (if different from above)	
D.L. # or I.D. #	
Email address:	

To be completed by parent or guardian if applicant is under 12.

I am willing to allow my child to borrow materials from the public library. I will be responsible for their proper use and will pay all fines justly charged.

Parent / Guardian Signature:
