

M_____ F_____

LIBRARY CARD APPLICATION

Barcode 11924_____

Welcome to the Anderson-Lee Library!

Please fill in all of the blanks as they are required for you to receive a library card. Must be 18 years of age or older.

IMPORTANT: ALL OF THE INFORMATION YOU PROVIDE ON THIS FORM IS KEPT CONFIDENTIAL.

PLEASE PRINT!

Last Name _____ **First Name** _____ **Middle Initial** _____

P.O. Box _____ **Address** _____ **City** _____ **State** _____ **Zip Code** _____

Phone _____ **Birth Date** _____ - _____ - _____ **E-mail Address** _____

Public School District in which you live _____ **Township in which you live** _____

I agree to abide by the rules and regulations of the ANDERSON-LEE LIBRARY and to be responsible for all fees and fines assessed for overdue library materials and lost or damaged items charged to this card. In the event this card is lost or stolen, I understand that I am responsible for charges pending until the date the Library is notified of the loss.

Signature _____ **Date** _____