COMMUNITY PATRON APPLICATION

Please print clearly when completing the application. Applicants must show a valid federal or state photo ID. Applications may take up to one business day to process. Information on file will need to be confirmed annually.

Application Date _____

First Name:_____

Last Name:_____

Street Address: _____

City:_____State:_____Zip: _____

Email Address: _____

Phone: _____   Home   Cell   Work

If your dependent will also be using this card, please provide their name(s)

_____

By signing this application form you are agreeing to be responsible for the safe and timely return of library materials and are agreeing to pay any charges or replacement costs for lost or damaged materials.

_____   _____

Applicant Signature   Date

Library use

Applicant photo ID attached: Date card picked up: _____
Annual