

LIBRARY CARD APPLICATION ENGLISH LANGUAGE

MAMARONECK PUBLIC LIBRARY DISTRICT LIBRARY CARD APPLICATION

All information confidential and for library use only

Please Print

Bar Code # 2 1 0 1 5 _____

Last Name: _____

First Name: _____

Middle Initial

: _____

Address: _____

Phone: 9 1 4- _____ - _____

Email Address for holds arrival notification _____

Patron Type:

ADU JUV AOC NAN TEM WHI STA 14/or 9th Gr

Birth Date:

Mo/Yr _____

(Optional) Male/Female _____

Alternative Mailing Address (AOC or NAN) Address:

City State Zip Code Phone: _____

I accept responsibility for all materials borrowed on this card. I agree to give immediate notice of address changes or card loss, pay all fees and fines charged for overdue, damaged and lost library materials.

Date: _____

Signature: _____

(Parents must sign for juvenile cards)

Staff Name: _____