



MAMARONECK  
PUBLIC LIBRARY

# Library Card Application

All information confidential and for library use only

Please print

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
First Mi Last Month/Day/Year

Address: \_\_\_\_\_  
Street Address Apt #  
Mamaroneck NY 10543  
City State Zip

Phone: ( ) - \_\_\_\_\_

Email: \_\_\_\_\_

How would you like to be notified of available holds?

Phone  Email  or Text  \_\_\_\_\_  
Mobile carrier needed for text notification

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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Legal Guardians must sign for Juvenile Cards)

## For staff use only

Bar Code # **21015** \_\_\_\_\_

Patron Type: ADU 18+ JUV TEEN 13-17 AOC NAN TEM GST STAFF

Staff Name: \_\_\_\_\_