



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: