



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

I would like to sign up for  
monthly newsletter:

Receipt delivery preference?

Paper   
Receipt

Email   
Receipt

No   
Receipt

YES

NO

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: