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?

Email ☐ Text ☐

Receipt delivery preference?

Paper Receipt ☐ Email Receipt ☐ No Receipt ☐

I would like to sign up for monthly newsletter:

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: _____