

LIBRARY CARD APPLICATION - 13 Years and Under

Personal identification of the parent/guardian, including name and home address may be requested by Library Staff.

Please Print				
Date:		Branch Location:		
Name of Applicant:				
Last		First	Middle	
Address:				i di di
Apt./Unit # Street No.		Number	Street Name	
City		Province	Postal Code	
Phone: ()		Birthday (required):		
Other Phone: ()		Year	Month	Day
How do you wish to receive notification of items placed on hold? (Choose one)	ve notification Provide your email address: ms placed on			
I would like my child to have their own library card, understanding that any cards under my responsibility must be in good standing. I agree that I am responsible for all use made of the library card. (Please include last, first, and middle names.)				
Parent / Guardian Name (Please Print) Parent / Guardian's Signature				

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