



APPLICATION FOR ADULT LIBRARY CARD

Present identification with name and current residential address, such as a driver's license, voter's registration, or current bill.

PLEASE PRINT																																			
Name																																			
First												Mid			ddle Initial									·	La	st									
Street Address																														<u> </u>					<u> </u>
Apt.																																			
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Zip Code																	Но	me	Pho	ne	L														
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Email																																			
Age Grou	Age Group (Check One) Senior (65+) Adult (18-64) Gender Female Male																																		
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c/o Name																														L					\perp
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I AGREE TO BE RESPONSIBLE FOR MATERIAL BORROWED WITH THIS CARD, FOR ALL FINES INCURRED, AND FOR LOSS AND DAMAGE OF MATERIAL CHARGED UPON IT. I AGREE TO ABIDE BY LENDING AND ACCESS TO MATERIALS RULES AND ALL LIBRARY POLICIES AND REGULATIONS.																																			
XApplicant's Signature I WOULD LIKE A VOTER REGISTRATION APPLICATION.																																			
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C	omple	ete R	egist	ratio	n	_													A	۸F		Al	M		SF		9	SM							
F	inal Cl	neck									_																							Rev	v.: 10/16

In accordance with the provisions of ADA, this document may be requested in an alternate format.