

Date \_\_\_\_\_

DO NOT WRITE ABOVE THIS LINE

I apply for the right to use the Library, and agree to comply with all its rules and regulations, and to give immediate notice of any change of address.

Print Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Birthdate \_\_\_\_\_

Parent's Signature \_\_\_\_\_

E-mail notification \_\_\_\_\_