

## LIBRARY CARD APPLICATION – 14 Years and Over

Personal identification, including name and home address may be requested by Library Staff.

Please Print

<b>Date:</b>		<b>Branch Location:</b>	
<b>Name of Applicant:</b>			
_____		_____	
Last	First	Middle	
<b>Address:</b>			
_____		_____	
Apt./Unit #	Street Number	Street Name	
_____		_____	
City	Province	Postal Code	
<b>Phone: ( ___ ) ___ - _____</b>		<b>Birthday (required):</b>	
<b>Other Phone: ( ___ ) ___ - _____</b>		Year	Month
		Day	
<b>How do you wish to receive notification of items placed on hold? (Choose one)</b>		<input type="checkbox"/> <b>Email</b> Provide your email address: _____ @ _____	
		<input type="checkbox"/> <b>Text Message</b> Provide your cell phone number (if different from above): ( ___ ) ___ - _____	
		<input type="checkbox"/> <b>Phone</b> Provide your phone number (if different from above): ( ___ ) ___ - _____	
<b>Complete this section only if applying for an institutional library card:</b>			
_____		_____	
Organization / Institution / Community Group Name		Your Title	
_____		_____	
Apt./Unit #	Street Number	Street Name	
_____		_____	
City	Province	Postal Code	
_____		_____	
Supervisor / Director Name		Telephone	
_____		_____	
Signature of Applicant		Date	