

**MONTOUR FALLS MEMORIAL LIBRARY
LIBRARY CARD APPLICATION**

***Required**

NAME* _____
First Name Last Name Middle Initial

PREFERRED PROUNOUNS _____ **BIRTH DATE*** ____/____/____
Month Date Year

MAILING ADDRESS* _____
Street Address/Apt. # City/State Zip Code

RESIDENTIAL ADDRESS* _____
Street Address/Apt. # City/State Zip Code

EMAIL ADDRESS* _____

PHONE #* _____

I have provided accurate information and agree to follow the borrowing rules of the library. Rules of Respect are on the website or available by request. I agree to be added to the mailing list and may unsubscribe at any time.

SIGNATURE* _____ **DATE*** _____

CARD APPLICATION FOR MINORS

PLEASE PRINT PARENT/GUARDIAN INFORMATION IF THE APPLICANT IS UNDER 18 YEARS OF AGE

I, the undersigned parent/guardian, understand that I am ultimately responsible for materials being granted to the Minor listed above. I further understand that I am responsible for any damage of said material or its loss.

PARENT/GUARDIAN* _____

PARENT/GUARDIAN EMAIL ADDRESS* _____

PARENT/GUARDIAN PHONE NUMBER* _____

Photos may be used on our website, promotional material, and/or social media. Please be aware that our public computers are not restricted.

PARENT/GUARDIAN INISTIAL FOR PHOTO RELEASE _____ **INITIAL FOR COMPUTER USE** _____

PARENT/GUARDIANSIGNATURE: _____ **DATE:** _____

STAFF USE

CARD ID # _____ **STAFF INITIALS** _____ **DATE** _____

NOTES _____



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