Name:	First	MI		
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		State	Zip	
Birthdate:	Home Phone:()		M	F
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Municipality:City/Town/Village	e:			
Alt. Street Address:				
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Alt Phone:()	EmergencyPhone	e:()		
Emergency Contact:				
Email Notification:				
notice of a lost card or materials	orary and agree to obey all rules, take care of all ma or of any changes of this information. I understand the hen using library materials. I agree that this card is	that the library is not	responsible for	or damage to
Signature of applicant or gua	rdian:			
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