## **Harriette Person Memorial Library**

## Youth Library Card Application

Please print and fill out form completely.

Name:					
Telephone No.: Mobile No.:					
Mailing Address:					
		(Street/Apartment Nur	nber or P.O. Box	)	
City:		State: _		Zip Code:	
Home Address:					
		(Street/Apartment Nur	nber or P.O. Box	)	
City:		State: _		Zip Code:	
Age: 12-14	<u></u> 15-17	Date of Birth:			
Applicant's Email	Address:				
Legal Guardian's N	Name:				
		ment:			
Telephone No.:	elephone No.: Alternate No.:				
2. Proof of	Address (Renta	if you agree to the <i>Parent</i> , ild's Harriette	reprinted Check,  /Guardian Acce	ptance of Responsibility for your	
parent/guardian (card holder und can be issued. I damaged materi Parent/Guardian	n Acceptance of 's responsibility.' ler 18 years of ago The adult signing als when they sign Responsible Sign	Responsibility: Supervision The library does not restrict e) must have a parent/guard for the minor's library carn this application. A replacer nature:	of a minor's acc access to any libr ian's signature an d is responsible ment fee is charge	cess to all books and media is the ary materials or resources. A minor d library card number before a card for all overdue fines, fees, lost or ed for a lost or stolen library card.  Date:	
Parent/Guardian	n Responsible Libr	ary Card Number:			
☐ I received a <i>N</i>	Membership and	<i>Material Policies</i> sheet	(/	Applicant's Initials)	
		STAFF USE BELOW	THIS LINE		
Card No.:	Card Type:				
Staff Initials:	taff Initials: Date Received:				