



Bud Werner Memorial Library

Library Card Application

Please complete this form and present it with current identification including proof of address.

NAME: _____ **DATE:** _____
(PLEASE PRINT) Last First Full Middle

MAILING ADDRESS: _____

SECONDARY MAILING ADDRESS: _____

HOME PHONE: () _____ **WORK PHONE:** () _____

EMAIL ADDRESS: _____ **ARE YOU A SENIOR (OVER 62??)** _____

SIGNATURE: _____
(I am responsible for all items charged on my card.)

PARENT/LEGAL GUARDIAN IS RESPONSIBLE FOR ALL ITEMS CHARGED OUT ON CHILDREN'S CARDS.
Please sign if you are the parent/guardian of an applicant who is under 14 years of age.

Signature: _____

FOR LIBRARY USE ONLY: Type: _____ Initials: _____