

Staff use only:
New
Replace
Reregistered

ELMHURST PUBLIC LIBRARY
APPLICATION FOR LIBRARY CARD
 PLEASE PRINT

Dup ck'd

Adult & Over Age 14

Date _____

NAME _____

(First)

(Last)

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

BIRTH DATE _____

NAME OF PREVIOUS LIBRARY AFFILIATION: _____ *

E-MAIL ADDRESS _____

(IF YOU GIVE US YOUR E-MAIL ADDRESS, ALL OVERDUE NOTICES & NOTICES THAT RESERVED ITEMS ARE AVAILABLE WILL BE SENT ELECTRONICALLY TO THIS ADDRESS AUTOMATICALLY.)

I understand I am responsible for all materials checked out on this card and for any charges that may result from late return, loss, or damage of materials borrowed. I agree to comply with library and Metropolitan Library System regulations.

Signature _____

Do not write in this space	PA _____
OLD PZ _____	EHS WARD _____
NEW PZ _____	EXPIRES _____
SAM _____	PROOFREAD _____ * _____