

Eldredge Public Library – Library Card Registration Form

JUVENILE – YOUNG ADULT

Please Print Clearly !!

***Name** _____
First Middle Last

Local Address (*Mailing Address*)

Post Office Box Street

City/Town State Zip Code

***Local Telephone** _____

Legal Address (*if different from above*) (*Mailing Address*)

Post Office Box Street

City/Town State Zip Code

Telephone _____

I apply for the right to use the Library, and I agree to comply with all of its rules and regulations, and to give immediate notice of any change of address.

Signature _____

Parent/Guardian Signature _____ **Date** _____

Parent/Guardian Print Name _____

Guardian Address (*if different from above*)

Post Office Box Street

City/Town State Zip Code

Guardian’s Email _____

Please contact me by **email only** when an item is ready for pick up.



***Library Identification** 11900 _____