

# LIBRARY CARD APPLICATION

PLEASE PRINT CLEARLY



Please  the following:

Male  Female

Age Category:

0 - 9  35 - 49

10 - 19  50 - 64

20 - 34  65 +

\_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Address Apartment #

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
County Township

\_\_\_\_\_  
Driver's License, Michigan I.D., or Passport #

\_\_\_\_\_  
Parent/Guardian Name (if under 18)

\_\_\_\_\_  
School Name

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Daytime Phone \_\_\_\_-\_\_\_\_

(Please  one for additional number)

Home Phone

Work Phone

Cell Phone \_\_\_\_-\_\_\_\_

(Please  if you would like to receive information via e-mail)

Yes  No Hold/Overdue Notices

Yes  No Library Informational Messages

\_\_\_\_\_  
E-Mail Address