



Date: ____/____/____

Library Card Application

Patron Information (please print)

NAME: _____

DATE OF BIRTH: ____/____/____

ADDRESS: _____

City _____ State ____ ZIP _____

EMAIL ADDRESS: _____

PHONE: _____

Patron Signature: _____

FOR JUVENILES AGED 0-17

Parent/Legal Guardian (signature):

Parent/Legal Guardian (print):

Non-Stansbury Park Residents:

Out of area patron cards are \$8.00 per year.