

New member information needed.

No. _____

Also a copy of driver's license

Expires _____

I agree to obey all the rules and regulations of the library, to pay promptly
All fines charged against me for the injury or loss of books, and to give
immediate notice of any change of address.

Full Name _____

Home Address _____

City/Town _____

Zip Code _____ Phone _____

Township _____

Signature _____

Parent's Signature if minor