

Eldredge Public Library ---- Library Card Registration Form

ADULT

Please Print Clearly !!

Name _____
First Middle Last Suffix

Legal Address *(Mailing address)*

Post Office Box / Street Address

City/Town

State

Zip Code

Local Telephone _____

Email _____

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

Local Address *(If different than above address) (Mailing address)*

Post Office Box / Street Address

City/Town

State

Zip Code

Telephone _____

Access To Your Account: If you choose, your library account/ records can be made available to person(s) authorized by you.

I give _____

Permission to: ___ Pick up my materials ___ Get a list of what's on my acct ___ Use my acct to check out items

Yes, I would like to receive library mailings, such as newsletters, upcoming program information, and more through my email. An easy way to stay up to date about EPL news and events.

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 in the above information.

Signature

Date

www.eldredgelibrary.org

***Library Identification** 11900 _____

