Eldredge Public Library – Library Card Registration Form
JUVENILE – YOUNG ADULT

Please Print Clearly !!

Name _____ _____ _____
First Middle Last

Legal Address *(Mailing Address)*

_____
Post Office Box Street

_____ _____ _____
City/Town State Zip Code

Telephone _____ Email _____

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

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

_____
Post Office Box Street

_____ _____ _____
City/Town State Zip Code

I apply for the right to use the Library. I agree to comply with all of its rules and regulations and I will be responsible for the materials that I borrow.

Applicant Signature _____

Guardian Information (*Complete address portion only if different from above*) (V*alid picture ID required*)

Name _____ _____
First Last

_____
Post Office Box Street

_____ _____ _____
City/Town State Zip Code

Guardian's Email _____

Guardian's Phone _____

As a parent / guardian, I agree to be financially responsible for my child's materials borrowed with this card, and to ensure compliance with all the rules and policies of the Library, including immediate notification of changes to the above information.

Parent/Guardian Signature _____Date _____

Library Identification 11900 _____