

# Library Card Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Township or Boro: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Check here if you would like to receive library news via e-mail.

Parent Name for Minors: \_\_\_\_\_

Date of birth (Under 18) \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_

PA Driver's License or PA ID Number: \_\_\_\_\_

I am applying for the right to use the Blossburg Memorial Library.  
I agree to comply with all of its policies and regulations.

Signature of applicant: \_\_\_\_\_  
(To be completed at the circulation desk. Please show photo ID.)

Signature of Parent or Guardian: \_\_\_\_\_