Staff use only:
New
Replace
Reregistered

ELMHURST PUBLIC LIBRARY

APPLICATION FOR LIBRARY CARD

PLEASE PRINT

Large Type

Dup ck'd

Date_____

NAME_____

(First) (Last)

ADDRESS_____

CITY_____**STATE**_____**ZIP**_____

PHONE_____

BIRTH DATE_____

E-MAIL ADDRESS_____

(IF YOU GIVE US YOUR E-MAIL ADDRESS, ALL OVERDUE NOTICES & NOTICES THAT RESERVED ITEMS ARE AVAILABLE WILL BE SENT ELECTRONICALLY TO THIS ADDRESS AUTOMATICALLY.)

I understand I am responsible for all materials checked out on this card and for any charges that may result from late return, loss or damage of materials borrowed. I agree to comply with library and Metropolitan Library System regulations.

Signature_____

Do not write in this space

Old PZ_____

New PZ_____

PA_____

EHS WARD_____

EXPIRES_____