## **CENTRE COUNTY FEDERATION OF PUBLIC LIBRARIES**

## RARY CARD APPLICATION

Bellefonte » Bookmobile » Centre Hall » Holt » Schlow

## VALID, CURRENT PHOTO ID IS REQUIRED Please Print - All Information Will Be Kept Confidential

LEC	GAL NAME				
		LAST	FIRST	MIDD	LE
HOME PHONE #: DAYTIME/CELL PHONE				C/CELL PHONE #	
	CAL MAILING DRESS				
710.		NUMBER	STREET	APARTM	IENT#
	CITY	STATE	ZIP CODE	TOWNSHIP/BOROUGH	COUNTY
Wou	ıld you prefer to re	eceive library noti	ces by mail or e-mail?	Mail Mail	E-MAIL
E-N	MAIL ADDRES	SS			
			raduate student, or other nation below. If not, le		If so, please fill out
	NUMBER	STRE	ET	APARTMENT #	
	CITY	STATE	ZIP CODE	HOM	E PHONE #
issu	ed from this applic	ation. Responsibi	orrect. I accept the responsibility for the choice of material with the library or its s	erials borrowed rests with	
Card Applicant's Signature				Date	
For	children UNDER	12 years of age, d	ate of birth and a PAREN	T/GUARDIAN signature	is required.
PARENT/GUARDIAN SIGNATURE			CHIILD'S DATE OF BIRT	H TODAY'S DATE	
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