Minburn Public Library Card Application

			Date	
Please Print Clearly			Card #	
First Name	MI			
Last Name				
Date of Birth: Month	Day	Year	-	
E-mail Address:		-1		
Phone number				
Mailing Address				
Apt. #				
City	State			
Zip Code				
Residential Address if differ	ent from above			
Apt. #				
City	State			
Zip Code				
BORROWER'S AGRE	EMENT PI	lease Read Bei	fore Signing!	
I agree				
To report a LOST card imTo be responsible for all fTo be responsible for all r	ines and fees and ar materials borrowed v	with my card.	ut on my card. lost and damaged materials.	
To notify the Library of arTo comply with all Library	ny name or address o	3	3	
Signature of Applicant				
Parent/Guardian Signat	ure (if age 12 or ı	under)	*	
4/13/15				