

Eldredge Public Library ---- Library Card Registration Form

ADULT

Please Print Clearly !!

Name _____

Mr ___ Mrs ___ Ms ___ Other ___ First Middle Last Suffix

Local Address *(Mailing address)*

Post Office Box

Street

City/Town

State

Zip Code

Local Telephone _____

Email _____

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

Legal Address *(If different than above address) (Mailing address)*

Post Office Box

Street

City/Town

State

Zip Code

Telephone _____

Please Check Appropriate Description

_____ Chatham Full Time Resident _____ Temporary Visitor _____ Chatham Summer Employee
_____ Chatham Part Time Resident _____ Annual/Frequent Visitor _____ Other

Yes, I would like to receive library mailings, such as newsletters, upcoming program information, and more through my email. An easy way to stay up to date about EPL news and events.

I apply for the right to use the Library, and I agree to comply with all of its rules and regulations, and to give immediate notice of any change in the above information.

Signature _____

Date _____



Please visit our web page!

www.eldredgelibrary.org

***Library Identification** 11900 _____