

LIBRARY CARD REGISTRATION FORM

Little Silver Public Library

484 Prospect Ave, Little Silver, NJ 07739

Last Name _____ First Name _____ Middle _____

Male/Female _____ Birth Year _____

Address _____

City, State, Zip _____

Home Phone # _____ Work Phone # _____

Cell Phone # _____

Email Address _____

OK to send fundraising email? (Y/N) _____

OK to send periodic library updates/monthly newsletter? (Y/N) _____

Little Silver Business Address _____

City, State, Zip _____

In return for the right to use the library, I agree to take responsibility for all borrowed items with this card. I agree to give immediate notice of any change of address and to report loss of card. A replacement fee of \$1.00 will be charged for lost cards.

Signature (Applicant) _____ Date _____

Signature (Parent/Guardian) _____ Date _____

(Applicants age 13 and under)