

PLEASE PRINT

Library Membership Application

Date _____



Chandler • Arizona
Where Values Make The Difference

Name: _____
(Last) (First) (Middle)

Home Phone: (_____) _____

Mailing Address: _____ Apt. No. _____
_____, AZ _____
(City) (Zip Code)

E-Mail: _____ (Optional: to send reminders about over dues)

Residence Address: _____
(if different from Mailing Address) _____

Please check : F____ M____ Age of Child (12 & under) ____ Age of Youth (13-17) ____

PRINT names of *BOTH* Parents /Guardians: _____
(for children 17 and under)

***** Parent/Guardian of child is responsible for lost, damages, fines, fees of library materials
(books, audios, videos, DVD, etc.) checked out on this card.**

Signature of Parent /Guardian _____