



Chandler Public Library Membership Application



PLEASE PRINT

Date: _____

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

Address: _____
(Street) (No PO Boxes) Apt. No. _____

_____, _____, AZ, _____
(City) (County) (Zip Code)

***Addresses outside Maricopa County will incur an annual \$40 non-county fee. Non-county fee is waived for Gila River community residents and those with proof of employment or school enrollment within the City of Chandler.**

E-Mail: _____
(Required)

Home Phone: (____) _____

The last 4 digits of the phone number will be assigned as the PIN. This can be changed by the library card holder online at any time.

Cell Phone: (____) _____

Carrier: _____
(Required for TXT notifications)

Library Notices Option: EMAIL: _____ TXT: _____ BOTH: _____
(Notifications for Overdue Items, Almost Due Items & Hold Requests)

Gender: Female: _____ Male: _____ Date of Birth (MM/DD/YYYY): _____
(Please check one) (Required)

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: _____
(Required)