

Name: _____
Last (please print) First Middle

Female Male

Mailing Address: _____
Street City/State Zip

Street Address: _____
(If different than mailing) Street City/State Zip

Phone: () _____ Email: _____

2nd Phone: () _____ Check to receive the Library's e-Newsletter

I agree to be responsible for any materials checked and to comply with all library rules and policies. I also agree to pay any fines or damages accrued and to give notice of any change of name, address or phone number.

Signature Date

Library Use Only CLN CDA OT Card # _____ Staff initial _____ Date _____
 Address Verification Idaho DL Other DL Utility Bill
 Student ID Mail Other: _____