Fill out this application for a library card

Ottawa Public Library Bibliothèque publique d'Ottawa

Registration Form for A Library Card - PLEASE PRINT

Age: ☐ (0-15 yrs) ☐ (16 yrs) ☐ (17 yrs) ☐ (18+ yrs)

Last Name: _____

First Name: _____ **Middle Name:** _____

Telephone (Home): _____

Street Address: _____ **Apt:** _____

City: _____ **Province:** _____ **Postal Code:** _____

Email: _____

Language for messages: ☐ English ☐ French

LIVEWORKSHEETS