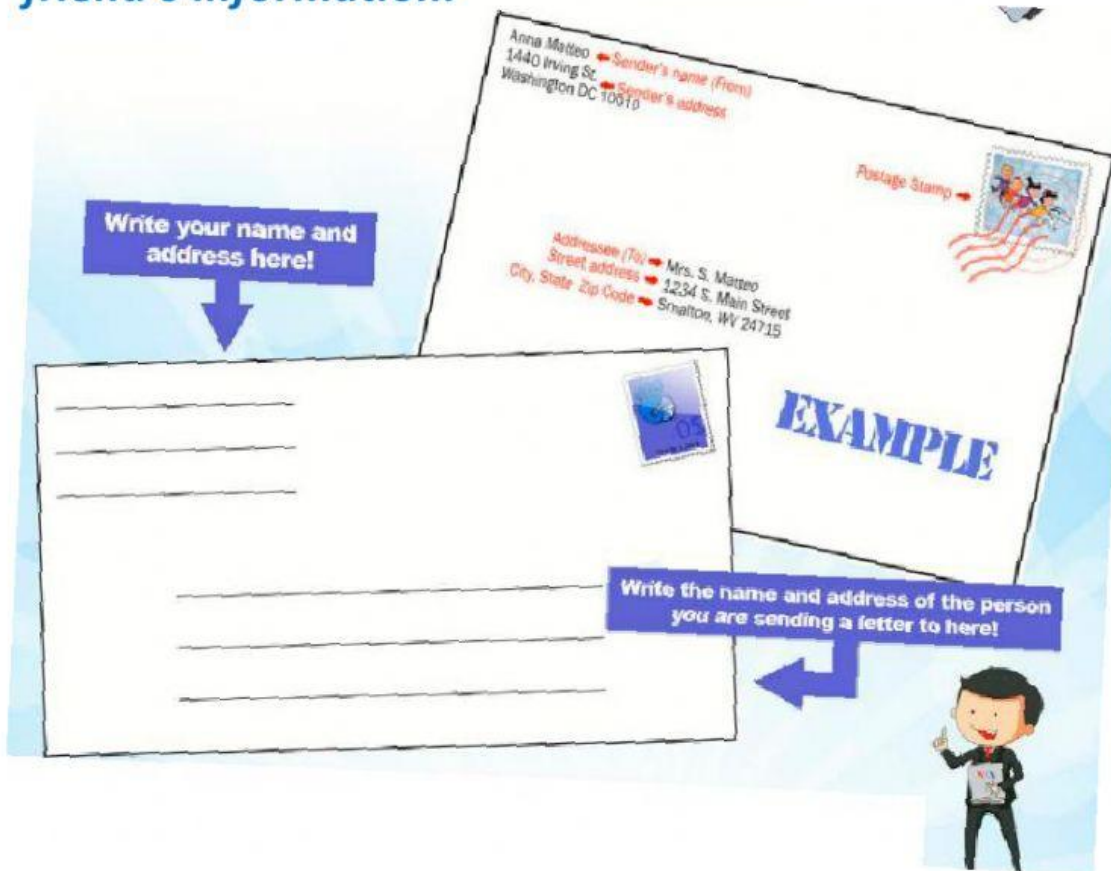



Complete the envelope with your information and a friend's information.



Complete the form with your personal information.

 LOCAL PUBLIC LIBRARY NETWORK		Application Form for Library Card		
FIRST NAME (GIVEN NAME)		MIDDLE NAME	LAST NAME (SURNAME)	
STREET ADDRESS	APARTMENT #	CITY	STATE	ZIP CODE
PHONE NUMBER	EMAIL ADDRESS	DATE OF BIRTH (MONTH/DAY/YEAR)		