

Fill out this application for a library card



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