

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