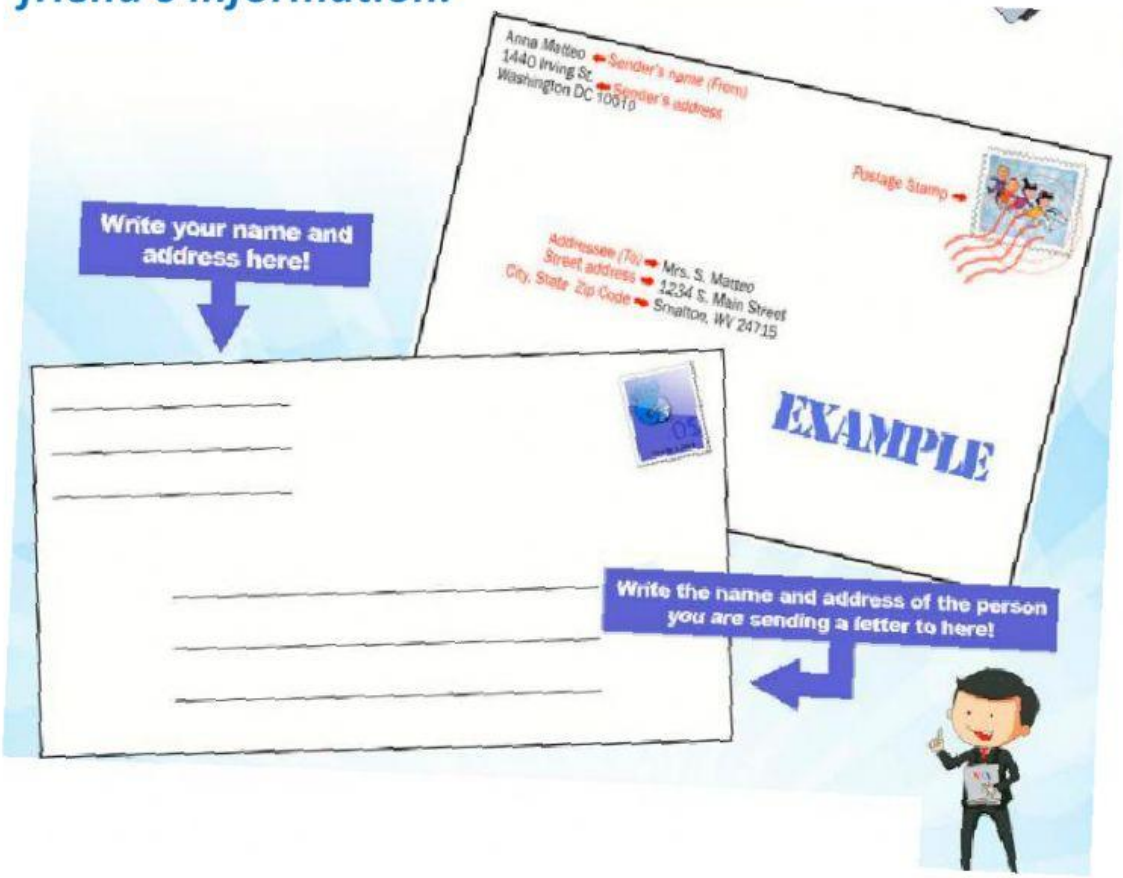
Complete the envelope with your information and a friend's information.



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*) / /

LIVEWORKSHEETS