



**Belding Memorial  
Library**

# ***Belding Memorial Library***

## Library Card Application

Name \_\_\_\_\_

Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

\*Would you like to receive library information by email?  Yes  No

### Mailing Address:

Town \_\_\_\_\_ Zip \_\_\_\_\_

Street \_\_\_\_\_

### Home Address (if different from Mailing Address) :

Town \_\_\_\_\_ Zip \_\_\_\_\_

Street \_\_\_\_\_

### If Age 17 or Younger:

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

**Questions about library services or resources? Please Ask Us! [www.beldingmemorallibrary.org](http://www.beldingmemorallibrary.org)**