

**APPLICATON FOR LIBRARY CARD**

**Library membership is free to residents of the Municipality of Russell-Binscarth**

LAST FIRST MIDDLE

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ INITIAL(S):\_\_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_\_ - \_\_\_\_\_\_\_- \_\_\_\_\_\_\_\_\_

 month day year

**IF UNDER 18**: Names of Parent / Guardian: (only names listed will have access to this account)

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 last name first name last name first name

MAILING ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

 apartment, street, or PO box city postal code

HOME ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 physical address – street / section – town - range

MUNICIPALITY YOU RESIDE IN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



The applicant, or parent/legal guardian if applicant is under the age of 18, agrees to be responsible for all materials borrowed and to abide by the rules and regulations of the Russell & District Regional Library.

**APPLICANT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(**If applicant under 18, parent/guardian to sign)

