ADULT LIBRARY CARD APPLICATION

Please print all information

Last Name | First Name

Address

Town | Zip Code

Email Address for Notifications _____

Phone # _____

☐ YES, I would like to receive all notices by email.

☐ NO, I prefer to continue receiving printed notices.

Signature _____ Date _____

Applicants who are applying for an EMPLOYED IN SYOSSET CARD must list the following:

Company Name _____

Company Address _____

FOR LIBRARY USE ONLY

Bar Code _____

Entered by _____ Checked by _____

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