

LIBRARY CARD REGISTRATION

SIGN UP FOR A LIBRARY CARD IN 2 EASY STEPS

1. Fill out the form below.
2. Give the form to your school.

Receive your child's library card in the mail in 10 business days. *Applicant must be 5 years old or older by September 1.

First Name	MI	Last Name	Birth Date
First Name	MI	Last Name	Birth Date
First Name	MI	Last Name	Birth Date

Street Address	P.O. Box or Apt#
----------------	------------------

City	State	Zip	Municipality (Upper Macungie Township, etc.)
------	-------	-----	--

Phone	Email
-------	-------

By providing your e-mail address, you agree that all future library communications will be sent to you by e-mail, and it is your responsibility to keep yourself informed of these communications. This includes notifications of late materials, fines and requests.

Signature of parent or guardian	(Please Print Name)	Drivers License	Date
---------------------------------	---------------------	-----------------	------

For Staff Use

Bar Code (back of card)	Home Library	Date	Initials
-------------------------	--------------	------	----------

