

PATRON APPLICATION FOR ST ANSGAR PUBLIC LIBRARY

Date: _____

I, a resident of _____ County, agree to obey all the rules and regulations of the St. Ansgar Library, to pay promptly all fines charged against me for the injury or loss of library materials, and to give immediate notice of any change of address or phone number.

Full Name (Print) _____

Any name(s) previously used i.e. maiden names, previous marriages, etc

Present street address: _____

Present mailing address: _____

Previous address: _____

Previous Library(ies) used: _____

You must have a phone number where you can be reached or where we can leave a message for you, in order to qualify for a library card.

Current Phone # : _____

Proof of Phone # _____

Cell Phone #: _____

Proof of Cell Phone #: _____

Work Phone # : _____

You must show proof of residency and a photo ID

Proof of Residency: _____

Type of Photo ID: _____

Signature: _____

Age _____ (if under 18 years)

Parent's Signature _____