

Springfield Library

129 County Highway 29A, Springfield Center, NY 13468
(315) 858-5802

Library Card Application

Please write in BLOCK print!

Personal Information

First Name:

MI

Last Name:

★ Check if card is for a child under 12. If so, the parent/guardian must sign an oversight receipt.

E-Mail (type N/A if a child):

★ Yes, I would like to receive information about Springfield Library's programs and services.

Phone:

Date of Birth:

Home Address

Street Address/P.O. Box:

Apartment/Suite:

City:

State (2-Letter Abbreviation):

Postal Code:

I agree to observe the *Library Card Terms & Conditions*, as well as all library rules and policies. I will notify the library if my card is lost or if I change my name or address.

Signature:

Date:

★ *Please pick up your card within 10 days of submitting this application. We look forward to serving you!*

=====Library Staff Use Only=====

Application Verified By (Initials):

Date:

Library Card #:

100430000