



Tetonia Library
 PO Box 434
 Tetonia ID 83452
 83452library@gmail.com

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|--|
| Last Name: _____ Card Number: _____ |
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LIBRARY CARD APPLICATION

I HEREBY AGREE TO OBEY ALL THE RULES AND REGULATIONS OF THE TETONIA LIBRARY, TO PAY PROMPTLY FOR THE LOSS OR INJURY OF BOOKS CHECKED OUT UNDER MY NAME, AND TO GIVE IMMEDIATE NOTICE OF ANY CHANGE OF ADDRESS.

| | | |
|------------|----------------|-----------|
| FIRST NAME | MIDDLE INITIAL | LAST NAME |
|------------|----------------|-----------|

HOME PHYSICAL ADDRESS

MAILING ADDRESS

| | |
|-----------------|---------------|
| DAYTIME PHONE # | EMAIL ADDRESS |
|-----------------|---------------|

| | |
|---------------|--|
| _____] _____ | LIST CHILDREN LESS THAN 18 YEARS OLD WHO WILL BE REGISTERED UNDER YOUR NAME |
| _____] _____ | |
| _____] _____ | |
| _____] _____ | |
| _____] _____ | |
| _____] _____ | |

_____ SIGNED _____ DATE