Southworth Library Card Application



Date: ___

Last Name:	First Name:		M.I
Mailing Address:			
City:	County:	Zip Code:	
Phone # with area code:		Cell # :	
Birthdate: (MM/DD/YYYY):	/	School District:	
Email Address:			
Circle Notification option: e-ma	ail / phone		
This application assumes the Signature:	·	abide by library rules and materia	ıls.
		 ntal permission is required with th	ne understanding that
		ms checked out and financial obl	_
Name (Print):		Signature:	
Relationship to minor:		Phone/e-mail:	
I authorize the following library	y patrons to collect my	y items on hold:	

Parents/guardians are responsible for any charges on their children's accounts. Internet use for minors requires a separate permission form, available at the library.

Please bring this completed form to the front desk at the Southworth Library, 24 W. Main Street, Dryden, NY to get your library card. This card can be used in any of the libraries in the Finger Lakes Library System.