



ADULT LIBRARY CARD APPLICATION

Name _____

Address _____ Apt. _____

City _____ State _____ Zip Code _____

Phone _____ (Pin # is the last 4 digits of your Phone #)

Email _____

Preferred Method of Notifications:

Email: _____

Text: _____ (Must have cell phone # on file)

Would you like to receive our newsletter by email? YES: _____ NO: _____

I accept responsibility for all materials borrowed on this card. I agree to provide immediate notice of address changes or loss of this card and pay all fees charged for lost or damaged materials.

SIGNATURE: _____

DATE: _____

Please complete this form and present it along with ID that proves residency in the Village of Bronxville to the Circulation Desk.

For Library Staff Use Only:

BARCODE: _____

Staff Initials: _____

Date: _____

**Bronxville Public Library 201 Pondfield Road Bronxville, NY 10708 (914)-337-7680
www.bronxvillelibrary.org**