

First Name: _____ Middle Initial: _____ Last Name: _____

Gender: _____ Date of Birth: _____ E-mail: _____

Phone: _____ Alternate Phone: _____

Street Address: _____

City | State | Zip: _____

Mailing Address: _____

(If different from street address)

City | State | Zip: _____

Reference Name: _____ Phone Number: _____

By signing this form, you are agreeing to abide by the rules of the Englewood Public Library. You will pay fines or damages charged to you, and give prompt notice of change of phone number or address.

Patron Signature: _____ Date: _____

Parent Signature: _____

(If under 18)