



Callander Public Library Junior Membership Application Form

FORM TO BE COMPLETED BY PARENT/GUARDIAN OF MEMBERS UNDER 14 YEARS OF AGE

Library Card Number: _____

Full Name: _____

Mailing Address: Street Address _____

City: _____ Postal Code: _____

Primary Phone Number: (____) _____ Alternate Phone Number: (____) _____

Date of Birth: (M/D/Y) ____/____/____ (gives us statistical information for programs and service)

Permission to Borrow Movies? Yes/No

Library Member's Parent/Guardian (Please Print): _____

I apply for membership at the Callander Public Library for my child/children. Both myself and my child will comply with all library rules. I agree to pay any fines or damages resulting from material borrowed on my child's card. I will give notice of any changes of address or phone number.

Library Member's Parent/Guardian (Signature): _____

Date: _____

Staff Member Signature: _____

