Cherry Hill Public Library Card Application

CHECK ONE ___under 14 yrs. old ___adult ___ 65 or older

NAME: _____
Last First M

BIRTH DATE:_____/_____ __/_____ (mm/dd/yyyy)

PHONE #: (_____)_____

STREET: _____**Apt #**:_____

CITY/STATE:_____

ZIP CODE: _____

EMAIL: _____

Parent/Guardian: _____
(for children under 14 years old)

PARENT/GUARDIAN'S WORKPLACE INFORMATION: *(optional)*

STREET:_____

CITY/STATE:_____

ZIP CODE:_____

WORK PHONE #: _(_____)_____

WORK EMAIL:_____

NOTIFY ME VIA: EMAIL PHONE MAIL (circle one)

In return for the right to use the Library, I agree to take responsibility for all materials borrowed with this card. I agree to give immediate notice of any change of address and to report loss of card. A replacement fee will be charged for all lost cards.

Parent or Guardian Signature:_____ **Date**: _____

The Cherry Hill Public Library does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment of the provision of library services.

CHERRY HILL
PUBLIC LIBRARY
THE HEART OF TOWN

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