

Madisonville Public Library Card Application

Please Print-Application must be filled out entirely for us to process.

Please Note: The adult who signs for a juvenile library card accepts **full responsibility** for all materials checked out on that card.

Adult Name _____ Date _____

Street Address _____

P.O. Box _____

City _____ Zip Code _____ County _____

Home Phone (_____) _____ Cell Phone (_____) _____

Email Address _____

Business Name _____ Business Phone (_____) _____

Birthday (MM/DD/YYYY) _____

Friend or relative name (not living with you) _____

Friend or relative Phone (_____) _____

Signature _____

1) Child Name _____ Age _____ DOB _____

Street Address _____ P.O. Box _____

City _____ Zip Code _____ County _____

Home Phone (_____) _____

Adult Signature _____

2) Child Name _____ Age _____ DOB _____

Street Address _____ P.O. Box _____

City _____ Zip Code _____ County _____

Home Phone (_____) _____

Adult Signature _____

3) Child Name _____ Age _____ DOB _____

Street Address _____ P.O. Box _____

City _____ Zip Code _____ County _____

Home Phone (_____) _____

Adult Signature _____

(List Additional Children On Back)