MIDDLETOWN TOWNSHIP LIBRARY
ADULT PATRON REGISTRATION APPLICATION

Date of Birth ____________________________

Please Read Before Signing

I apply for the right to use the library and promise to comply with all its rules, to pay promptly fines or damages charged to me, and to give immediate notice of change in my address. I will be responsible for all materials charged on my library card.

NAME: ____________________________
(Please Print) FIRST MIDDLE LAST

ADDRESS: ____________________________
Number P.O. Box Street Name

City State Zip Code

HOME PHONE: ____________________________ E-MAIL: ____________________________

Non-Residents Only

PLACE OF EMPLOYMENT: ____________________________

NAME OF SCHOOL: ____________________________
(If Student)

PROPERTY OWNER: ____________________________ SENIOR CITIZEN: ____________________________ PAID: ____________________________

Signature of Applicant

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