

LEON VALLEY PUBLIC LIBRARY

Your Hometown Full Service Public Library

Last Name: _____

First Name: _____

Address: _____

City/State/ZIP: _____

Telephone --Home: _____ --Work: _____

--Cell: _____ --Today's Date: _____

eMail: _____

Driver's License
or TX ID#: _____

Reference (someone you know who doesn't live at your address): _____

Reference's telephone/ contact: _____

Parental Signature if card is for Youth under 14 years old: _____

(for Library Use)

Card #: _____

Mailed: _____

Notes:

Internet access? Yes No
(If under 18 parental signature
permission form required)

Preferred form of
contact (for reserves,
etc.)? Place a check
next to email or
desired phone #

You should receive your card by mail in a week or two; you are welcome to use the Library prior to receiving your card! Please keep your library card in a safe place, you are responsible for all materials borrowed on the card. If your card is lost please report this to the Library.

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