



Library Card Application

Please Print Carefully and Clearly

Name: _____

Address _____ City: _____

State: _____ Zip: _____ Phone: (____) _____

Male: Female: Birthday: _____ Year: _____

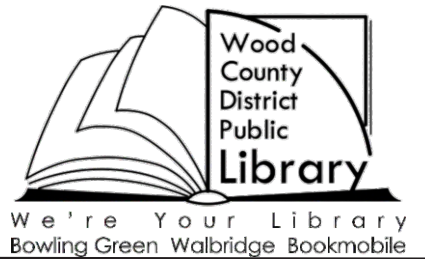
Parent's Name: _____

Parent's Address: _____ City: _____

State: _____ Zip: _____ Phone: (____) _____

I agree to observe all rules of the library, and understand that I must have my card with me to check out items.

Signature Date: _____



Staff use only.

Staff initials: _____ Input: _____ Barcode: 24294

Date: _____

06/14

The library provides access to literature, information, creative experiences, and ideas to enrich our community.

251 North Main Street
Bowling Green, Ohio 43402
419-352-5104

wcdpl.org

108 North Main Street
Walbridge, Ohio 43465
419-666-9900