

Signature

## TOWN OF BALLSTON COMMUNITY LIBRARY ADULT LIBRARY CARD APPLICATION

Today's Date

COMMUNITY LIBRARY  COMMITTED AND CONNECTED		CARD NO  Driver's License			
<ul><li>○ Mr.</li><li>○ Mrs.</li></ul>					
O Ms.	First Name	MI	Last Name	2	
Mailing Addres	s:				
Street			<del></del>	Apt/Box Number	
City			State	Zip Code	
School District:	O BH-BL O Ballston Spa	Scotia-Glenville	<ul><li>Shenendehowa</li></ul>		
	O Saratoga Springs	O Galway	O Other		
Town:	O Ballston O Charlton	O Clifton Park (	O Glenville O Other _		
County:	O Saratoga	O Schenectady	Other _		
Preferred Phone		Oth	er Phone Hom	ne Cell Work	
Permanent Add	ress (If other than above)				
Street				Apt/Box Number	
City			State	Zip Code	
E-mail address (f	for reminders of due dates, etc	c.)		Check here if you would ike to receive our weekly e-newsletter with programs and events.	
PLEASE READ	CAREFULLY:				
I also agree to pa	re all rules established by the li ay all fines orther charges impe library if my card is lost or if I	osed for late, lost or da	maged library materials.		