

Children's Library Card Application



TOWN OF PELHAM PUBLIC LIBRARY

530 Colonial Avenue Pelham, NY 10803

www.pelhamlibrary.org

914 738-1234 Phone

914-738-0809 Fax

Name: _____

Date of Birth: _____

Address: _____

City: _____

Home Phone: _____

Parent/Guardian Signature:

By signing this application, I agree:

- I am a resident of Pelham / Pelham Manor
- I will be responsible for all materials borrowed by my child
- I will notify the library of any change of address or loss of card
- I will follow the rules of this library and other libraries in Westchester County

Do Not Write Below This Line

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Library Barcode Number : _____

Expiration Date: _____