



TOWN OF PELHAM
PUBLIC LIBRARY

PLEASE PRINT

Name: _____

DOB: _____ ID verified by STAFF: _____

Address: _____

Phone: (circle one: cell or home) _____ (last 4 digits will be your PIN)

Notify by phone: _____ or by Text #: _____ Carrier name: _____

or Email: _____

Email: _____

Would you like to get our monthly newsletter via email? yes: _____ no: _____

Signature: _____

By signing this application, I agree:

- I am a resident of Pelham/Pelham Manor
- I will be responsible for all materials borrowed
- 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: _____ Staff Initials: _____