



TOWN OF PELHAM
PUBLIC LIBRARY

LIBRARY CARD APPLICATION
PLEASE PRINT

Name: _____

DOB: _____ ID verified by STAFF: _____

Your Pelham Address: _____

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

Check off: Notify by phone: ____ or by Text #: ____ & Carrier name: _____ or Email: _____

Email: _____

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

Would you like to allow others to pick up your holds? Add person's name: _____

Add person's name: _____

Add person's name: _____

And get your Library phone APP! Please ask us how!

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

Library Barcode Number: _____

Expiration Date: _____ Staff Initials: _____