

Children's Library Card Application



TOWN of PELHAM PUBLIC LIBRARY

530 Colonial Avenue

Pelham, NY 10803

ID verified by STAFF: _____

Name: _____

Date of Birth: _____ M _____ F _____

Address: _____

City: _____

Phone: _____

Notify by phone: _____ or text _____ carrier: _____ or email: _____

Email: _____

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

Library Barcode Number : _____

Expiration Date: _____

STAFF Initials: _____