

Email: <u>info@emmetsburg.lib.ia.us</u> www.emmetsburg.lib.ia.us 707 North Superior Street Emmetsburg, Iowa 50536 Phone (712) 852-4009 Fax (712) 852-3785

APPLICATION FOR LIBRARY CARD		Date of application			
ADULT (14 years old and older)		Staff initials			
PRINT FULL NAME					
	A C. L. H 1 . S. C 1	1			
First	Middle Initial	Last			
TELEPHONE					
MAILING ADDRESS					
	Street or P. O. Number	<u>Circle One</u> : In	a City / Rural		
City	State	Zip Code	County		
STREET ADDRESS (if different)					
E-MAIL ADDRESS					
BIRTH DATE (month/day/year)					
DRIVER'S LICENSE or NON-DRIVER ID #					
OCCUPATION					
PLACE OF EMPLOYMENT					
WORK ADDRESS			· · · · · · · · · · · · · · · · · · ·		
WORK TELEPHONE					

REMEMBER TO COMPLETE THE OTHER SIDE OF THE APPLICATION! $\longrightarrow \longrightarrow \longrightarrow$

contact you.			
NAME			
First	Middle Initial		Last
ADDRESS			
	Street or F	P. O. Number	
City		State	Zip Code
TELEPHONE			
		_	ly with all its rules, to pay fees or change in my address or phone
OFFICE USE ONLY			
PATRON#			
PATRON TYPE			
DATE FEE PAID			

Please give name and address of a relative/friend not living with you, and who will know how to

ADDITIONAL CONTACT

Adopted: May 2018; Reviewed: August 2021, September 2024; Scheduled for Review. September 2027

EXPIRES