

# Rockville Centre Public Library

## Application for Library Card



Last Name:		First Name:		Middle Initial:	
Street Address:			<input type="checkbox"/> Male <input type="checkbox"/> Female	Date Lease Expires:	
City:		State:		Zip code:	
Home Telephone Number:		Cell Telephone Number:		Year of Birth: (If patron is under 18)	
E-Mail Address:					
Have you ever had a library card in Nassau County? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list names of libraries:					
X			X		
Signature of Patron			Signature of Parent or Guardian		
For Office Use Only:		Expiration Date:		Barcode:	
				Trans Date:	
Application Received by:		Name of Guardian:		Notes: <input type="checkbox"/> See Reverse	<input type="checkbox"/> Resident Caregiver
<input type="checkbox"/> 0-UFSD #21-White Card	<input type="checkbox"/> 3-Teacher Courtesy Buff	<input type="checkbox"/> 5-Village RVC-Baldwin/Oceanside Buff		<input type="checkbox"/> 7-Staff	<input type="checkbox"/> 10-Homebound
				<input type="checkbox"/> Class Visit	
Off-Line Library: Ptype 8			Off-Line Library Barcode:		Library Card Expiration Date:
<input type="checkbox"/> Jericho <input type="checkbox"/> Great Neck <input type="checkbox"/> Syosset					