



Avon Free Public Library Library Card Application

*Please print this form, fill in, and bring to the library
with proof of residency. We look forward to meeting you!*

Last Name: _____

First Name: _____

Phone: _____ - _____ - _____

(staff note: enter this in Group ID field)

This card is for a/an: Adult Child Elderly (age 65+)

Gender: M (male) F (female)

Demographics/(circle one) *(Staff note: this is User Cat 2)*

For Adults

Business (BUS)

Homemaker (HMK)

Professional (PRF)

Retired (RTD)

Trade (TRD)

Unemployed (UEM)

High School (SHS)

College (COL)

Vocational (SVT)

For Children

Pine Grove (SK8LV1)

Roaring Brook (SK8LV2)

Middle School/Thompson

Brook (SK8LV3)

Other/Private (SK8LV4)

Birthday: (mm/dd/yyyy) ____/____/____

Address: _____

Street: _____

(if address is a PO Box, actual street address is required on this second line)

City: _____ State: _____ Zip: _____

Email Address: _____

C/o (If a child card or au pair) _____

Signature: _____

(Parent's signature required if under age 12)

BC: 22529 _____ Staff Initials: _____