

**Hillsdale Community Library  
Library Card Application**

Please fill out and bring to the Library.

Date: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date (if under 17): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_

Parent Signature (if under 17): \_\_\_\_\_

-----FOR EMPLOYEE USE ONLY-----

Patron Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Card Number: \_\_\_\_\_