



**Bethany Library Association
Clark Memorial Library**

Library Card Application

Name: _____

Parents Name (if younger than 13): _____

Bethany Street Address: _____

Telephone: _____ Email: _____

We will notify you when books ordered from other libraries in our consortium are ready for pick-up.
Please let us know if you prefer a telephone call or email message: ___ Telephone _____ Email

Signature: _____ Date: _____

Parents Signature (if younger than 13): _____

By signing this application I agree to follow the guidelines of Clark Memorial Library. This card remains the property of the Clark Memorial Library and is subject to the policies and agreements of the Library, the LION Consortium and Connecticard. This allows me to use any library in the State of Connecticut. I will notify the library if I move to a new address, or if my card is lost or stolen.

Staff Use Only

Check as completed:

Test Library Card _____

Initials of library card maker _____