



**Bethany Library Association  
Clark Memorial Library**

**Library Card Application**

Name: \_\_\_\_\_

Parent's 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: \_\_\_\_\_

Parent's 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 borrowIT CT. 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**

Card Number: \_\_\_\_\_

**Check as completed:**

Test Library Card: \_\_\_\_\_

Initials of library card maker: \_\_\_\_\_