



Member Account Application

FOR STAFF USE:

Name: _____
First MI Last

Birth Date: ____ / ____ / ____
MM DD YYYY

Parent / Guardian Name: _____
(if under 18 yrs old) First MI Last

Mailing Address: _____
Street / PO Box # Apartment / Unit #

City State ZIP Code

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Other Phone: (____) _____ - _____

Email: _____

How would you like to receive information concerning the following (please select one option for each):

Overdues: Home phone Cell phone Other phone
 Email Text message

Reserves: Home phone Cell phone Other phone
 Email Text message

Date Due Reminders & Auto-Renewals:
 Email Text message None

Last Name

First Name

MI

Member #

Today's Date

Staff Initials