

## GILL MEMORIAL LIBRARY CARD FORM (Adult)

Patron's Name: \_\_\_\_\_ (Please print)

Home address: \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home or cell phone number: \_\_\_\_\_

Date of birth: \_\_\_\_\_  Male  Female

Patron's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Proof of ID is required to get a library card.**