

Date:

APPLICATION FOR EDUCATOR'S LIBRARY CARD

PLEASE PRINT					
EDUCATOR'S NAME					
Last Name	First Name			Middle	
Address	!			Apt. #	
City		State		Zip	
School Name and Address				<u> </u>	
City		State		Zip	
Telephone	Driver's License/Other	r ID			
Birth Date	Email address				
Month Date Year					
COMMUNICATION FROM CPL					
I would like to receive notices from the librar			Phone	Text	Mail
Would you like to receive policy updates and	news from the Library	via email? (C	ircle one)	Ye	es/No
SIGNATURE					
I agree to observe all rules established by the card. I agree to pay any fines or other charge notify the Library immediately in case of loss that is required to obtain a library card is bein member libraries.	s imposed for late retur or theft of this card. I u	rn or mutilati Inderstand th	on of libra nat only pe	ry materia rsonal inf	als. I will ormation
Your Signature					
PLEASE DO NOT WRITE BELOW THIS LINE					
Profile: TEACH	Agency:				
ID# 28074	Staff:				
Personal Library Card #					

411 ED New 8/12