

Tom Burnett Memorial Library
Membership Card Application
(Please complete in black ink and printed or typewritten)

Full Name: _____

Home Address: _____

Home Phone: _____ **Cell Phone:** _____

Occupation: _____

Business Address: _____

Business Phone: _____ **# in Family:** _____

Driver's License #: _____ **DL State:** _____

E-Mail Address: _____

** It is the policy of the Tom Burnett Memorial Library to issue one (1) membership card that can be used by the entire family; in the event more than one members of your family will be utilizing the services of our facility, we ask that you provide the following information:*

Spouse's Name: _____

Dependent(s)' Name(s) & Ages: _____

I hereby acknowledge that I and my family members are a resident of Wichita County, that I/we agree to obey all the rules and regulations of the Tom Burnett Memorial Library, that I/we will pay promptly all fines charged against me/us for the injury or loss of library property and to give the Library immediate notice of any change of address.

Signature of Adult/Guardian: _____

** Persons under the age of fifteen (15) must have a parent or guardian sign this application.*

Upon completion of this application form, please turn it in to the front desk at the Library whereby we can expedite your membership card with the least delay!