Date:	FLETCHER FREE	E LIBRARY C	ARD APPLICA	TION- ADULT (18+)
Last Name	First Name		Middle Name		
Mailing Address	Apt. #	City	State	Zip Code	
Phone Number	Email				
Alternate Address	City	State Zip) Code		
Alternate Phone Number	Alteri	nate Email			
assume responsibility for retur their replacement if necessary fo		lestruction.	I will also ass	, , ,	
Signature:			Date:		
I authorize the individuals Fletcher Free Library. Addition information about my account notify a staff member to c	ally, by checkin to the people l	g this box: isted below.	□	e full disclosure o d that I will need	•
<u>Print the</u>	names of autho	<u>orized perso</u>	ons below:		
Signature:			Date:		
FOR STAFF USE:					
Card Type: ☐ Local Adult No Home / C☐ Home / One Card Adult	One Card B	TV Employe	r:	(if applicable)	
Non-Resident Adult Payment entered in KOH		TV School:		(if applicable)	
☐ Non-Resident Senior ☐ Payment entered in KOH ☐ Short-Term Patron	A S	taff Initials: ₋		_	