Atlanta-Fulton Public Library System
Library Card Application

Please print

First Name_____

Middle Name_____

Last Name_____

Birth date (mm/dd/yyyy):

_____

Phone number:

_____

Address where you live now:

_____

_____

_____

Email address:

_____

Contact me through (specify one):

___Phone ____Email

I agree to observe all rules established by the library and will be responsible for all materials borrowed on my card. I also agree to pay any fees and other charges imposed for late returns, lost or damaged materials.

Signature_____

- -

Courtesy: _____   Card #: D0_____

Checkout:_____

Checkout:_____

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atlanta-fulton public library system
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