



Book Express -- Application for Service

(must live within the McPherson city limits)

Name _____

First

Middle initial

Last

Address _____

Apt # _____

Room number if a care facility _____

Telephone _____

Email _____

Library Card: yes ___ no ___

Reason for requesting service:

This a request for ___ permanent service

___ temporary enrollment in the program until _____.

Emergency contact name and phone:

Name: _____

Phone: _____

If enrolled in the program, I agree to obey all the rules and regulations, and to promptly pay for any damaged or lost materials charged to my library account.

Signature

Date