



Avon Free Public Library Library Card Application

Last Name: _____

First Name: _____

Phone: _____ - _____ - _____

This card is for a/an: Adult Child Senior (age 65+)

Gender: M (male) F (female)

Birthday: (mm/dd/yyyy) _____ / _____ / _____

Address: _____

City: _____ State: CT Zip: _____
(if address is a PO Box, actual street address is required)

Email Address: _____
(your email address will not be shared with any commercial entities, it is for library purposes only)

c/o (If a child card or au pair) _____

Signature: _____
(Parent's signature required if under age 12)

BC: 22529 _____ Staff Initials: _____

Non-Connect BC: _____