

## YOUTH LIBRARY MEMBERSHIP APPLICATION

Rece	eive Library Foundation News?	Yes No			
	eive Library Foundation News?	Yes No			
	eive Library Foundation News?	Yes No			
Rece					
	eive Library News? Yes	□No			
Emai	l Address				
City		Province	Postal Code	e	
Stree	et		Apt/Unit	Phone	
MAII	LING ADDRESS				
Pare	nt / Guardian First Name	Middle Name (optional)		Parent / Guardian Last Name	
	oonsibility for children's or teen rdian(s).	s' (under 18) choice and us	e of resources	s rests with their parent(s) or legal	
Birthday Day / Month / Year		Please provide a Library PIN (7 digits)			
Chilo	d's First Name	Child's Middle Name (optional	)	Child's Last Name	
	your child had a Calgary Public	Library membership before	e? Yes	□ No □ Unsure	
Has					
	e! See full membership benefits a	at calgarylibrary.ca/join			