

ADULT Application

EXPIRES _____

Print Name _____
First Middle Initial Last

By signing this, I agree to comply with all policies and regulations of Geneva Public Library, and I am agreeing to be responsible for the return of any items borrowed, and for any costs or fines that may result from damage, loss or late returns.

Sign Name _____

Address _____

City _____ State _____ Zip Code _____ Phone _____

Birthdate _____ Email _____ (optional)

..... Staff Use Only

BARCODE _____ Staff Initials _____ Date _____

New _____ Renew _____ Reregistered _____ Updated _____
Address _____
Phone _____
Email _____
Name _____

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