

# LAKE WALES PUBLIC LIBRARY - Application for Membership

**First Name:** \_\_\_\_\_  
(Primer Nombre)

**Middle Name:** \_\_\_\_\_  
(Segundo Nombre)

**Last Name (Apellido):** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Fecha de Nacimiento)    Month                  Day                  Year



**Mailing Address (Direccion de Correo):**

**Street:** \_\_\_\_\_

**City, State, Zip code:** \_\_\_\_\_

**Physical Address, if different (Direccion de Residencia, si diferente):**

**Street:** \_\_\_\_\_

**City, State, Zip code:** \_\_\_\_\_

**How should we contact you for holds? (circle one) Phone or Email or Text (which #?)**

**Primary Phone Number (Numero de telefono preferido):** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Back-up Phone Number (Numero de telefono de reserva):** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Email Address:** \_\_\_\_\_  
(Direccion de Correo Electronica)

Would you like to receive our monthly **email**-newsletter?    **Adult's**    **Children's**    **None**

**I accept responsibility for replacement costs, repairs, and all fines and fees associated with the person registered on this application.** If under 14, must be signed by an adult.

(Acepto la responsabilidad de los costos de reposicion y multas todod y cargos asociados con la persona inscrita en esta solicitud. Si tiene menos de 14 anos, debe ser firmado por un adulto.)

Sign Here **X** \_\_\_\_\_ Date (Fecha) \_\_\_\_\_

Relationship to patron (if not signing for self): \_\_\_\_\_

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**This portion is for staff use**

**Adult   Youth   Child   Temporary   \*\*\*   County   City   Reciprocal   Out-of-County   \*\*\*   New Member   Update**

Today's Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_