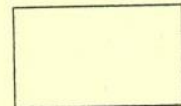


LES CHENEAUX COMMUNITY LIBRARY
A Member of Superior District Library
PO BOX 99; CEDARVILLE, MI 49719



LIBRARY CARD APPLICATION

Date _____

Name _____

E-Mail : _____

Township: _____
(Required)

County: _____
(Required)
 Child (12 or under) Young Adult Adult Senior

For Library Use Only	
<input type="checkbox"/> Mackinac/Chippewa Co.	
<input type="checkbox"/> Outside Residential Area	
Fee _____	PIN _____
Identification _____	State _____
Registration # _____	

Form Last Updated 1/23/2014

Local Mailing Address (Include PO Box if applicable) --Required --

Home Phone _____ Alt. Phone _____

Permanent Mailing Address

Home Phone _____ Alt. Phone _____

Local Reference (Someone in the area we can contact if we can't reach you.)

Name _____ Phone _____

Address _____

Signature of Cardholder

Signature of Parent (if applicable)
