



HIGH SCHOOL STUDENT'S APPLICATION FOR MEMBERSHIP

Name _____
last first middle initial

Street Address: _____

City: _____ Postal Code: _____

Home Phone: _____ School: _____

Email _____

Parent's Name: _____

Address (if different from above) _____

City: _____ Home Phone: _____

As a parent or guardian, I accept full responsibility for the type of material borrowed on this card.

I agree to comply with the rules of the Library and to be held responsible for any lost, damaged or overdue books or materials borrowed with this card.

Signature of Parent or Guardian

785 Main Street, Penticton, B.C. V2A 5E3 Telephone: (250) 770-7781
Fax: (250) 770-7787 Email: library@summer.com
www.library.penticton.bc.ca