

PLEASE PRINT



Rolling Meadows Library
3110 Martin Lane
Rolling Meadows, IL 60008
(847) 259-6050

Name _____
(first) (middle) (last)

Address _____ Apt. _____

City _____ Illinois Zip _____

Home Phone _____ Work Phone _____

Notification Preference ____ mail, ____ phone, ____ e-mail _____
Report lost or stolen card immediately (e-mail address)

PARENT/GUARDIAN

I apply for the right for my child to use the Library, and
I agree to accept responsibility for all use made of his/her card.

Signature