



2 Lawmar Lane, Burnt Hills, NY 12027-9539

518-399-8174 * FAX: 518-399-1687

TOWN OF BALLSTON COMMUNITY LIBRARY ADULT APPLICATION

CARD NO _____

Please Print

_____ Date of Birth

☐ Mr.

☐ Mrs.

☐ Ms.

_____ First Name

_____ MI

_____ Last Name

Mailing Address:

_____ Street

_____ Apt/Box No.

_____ City

_____ State

_____ Zip Code

School District: ☐ BH-BL ☐ Ballston Spa ☐ Scotia-Glenville ☐ Shenendehowa

☐ Saratoga Springs ☐ Galway ☐ Other _____

Town: ☐ Ballston ☐ Charlton ☐ Clifton Park ☐ Glenville ☐ Other _____

County: ☐ Saratoga ☐ Schenectady ☐ Other _____

_____ Home Phone

_____ Other Phone

Permanent Address (if other than above)

_____ Street

_____ City

_____ State

_____ Zip

_____ e-mail address (To receive Library notices via e-mail)

Please Read Carefully:

I agree to observe all rules established by the Library and will be responsible for all materials borrowed on my card. I also agree to pay fines or other charges imposed for late, lost or mutilation of Library materials. I will notify the Library if my card is lost or if I change my name or address.

_____ Signature

_____ Date