

NEW MEMBER

Please register me as a member of Krotona Library.
I agree to the borrowing conditions and accept responsibility for
materials loaned in my name.

Library Membership Fees are \$15 per year.

I enclose \$ _____ for _____ years membership.

Name _____ ID Type &

Street _____ PO
Box _____

City _____ State _____ Zip

Phone _____ Date _____ Signature _____

email _____