



SDH LIBRARY MEMBERSHIP APPLICATION FORM

APPLICANT INFORMATION			
Name:			
Phone (Home):		Phone (Cell):	
Street address:			
City:		State:	ZIP Code:
Email Address:			
SPOUSE INFORMATION IF JOINT MEMBERSHIP			
Name:			
Phone (Cell):			
PAYMENT INFORMATION (\$31 MEMBERSHIP FEE) PER HOUSEHOLD			
Payment Options:			
Check	Amount:		
Cash	Amount:		
SIGNATURES			
		I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.	
Signature of applicant:		Signature:	Date:
Signature of spouse <i>(only if for a joint membership)</i> :		Signature:	Date:
Signature of Library Administrator:		Signature:	Date:

Terms and Conditions:

- *Books will be issued on a first come, first serve basis*
- *Books can be kept up to 4 weeks*
- *The member will be incurred a late fee of \$2 per week if the book is overdue*
- *Certain books may not be taken home as they are only meant to be viewed on-site*
- *A maximum of two books will be issued at any given time per household*
- *No books will be issued if there are overdue books*
- *Your Email Address will be used as your membership number*