



Membership Application

201 S. Center St., Marion, Texas 78124 | (830) 420-4022
mcommunitylibrary@gmail.com | www.mariontxcommunitylibrary.com

Adult Card:

Teen Card:

Child Card:
(14 & Under)

Guest Card:

Applicant's Name: _____ Date of Birth: ____/____/____

Physical Residence Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different from residence): _____

City: _____ State: _____ Zip Code: _____

Do you reside within Marion, Santa Clara, or New Berlin city limits? YES or NO (Circle One)

Do you reside in Guadalupe County? YES or NO (Circle One)

Phone Number: _____ CELL PHONE or LANDLINE (Circle One)

Email Address: _____

If Applying for Children Aged 14 & Under:

Name: _____ Date of Birth: ____/____/____

Name: _____ Date of Birth: ____/____/____

Name: _____ Date of Birth: ____/____/____

By signing below, I agree to abide by the policies set by the Marion Community Library and assume responsibility for all materials checked out on and all charges incurred by the use of this/these card(s). I will inform the library of any change of address, phone number, email address or if the card becomes lost/stolen to minimize liability.

X _____ Date: ____/____/____

FOR STAFF USE ONLY:

Identification Number: _____ Type of I.D.: _____

Library Card Number(s) Issued: _____

Staff Initials: _____ Date Card(s) Issued: ____/____/____