

DATE _____

APPLICATION FOR FEE-PAID
NON-RESIDENT LIBRARY CARD

I apply for the right to use any of the Westchester Library System libraries. I agree to comply with all library rules and regulations, and to give immediate notice of any change of address.

SIGNATURE _____

The acceptance of this application for a fee-paid, non-resident Westchester Library System card entitles the bearer to use any WLS member library for one year.

NAME (Please print) _____

ADDRESS _____

CITY, STATE _____ ZIP CODE _____

PHONE _____ EMAIL _____

Please enclose a check for \$75.00 made payable to the WESTCHESTER LIBRARY SYSTEM, 570 TAXTER ROAD – SUITE 400, ELMSFORD, NY 10523

*Individuals 65 years of age or older are eligible for a senior rate of \$35.00. Please enclose proof of age.

Any questions, please call Allison at 914-231-3221. Thank you.