

**ATTACHMENT 3: LEON VALLEY PUBLIC LIBRARY MEMBERSHIP APPLICATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Preferred Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell? \_\_\_\_\_ Text Messages? \_\_\_\_\_

Email Address \_\_\_\_\_

**STAFF: SHRED IMMEDIATELY FOLLOWING ENTRY INTO SYSTEM**