



## HIGH SCHOOL STUDENT'S APPLICATION FOR MEMBERSHIP

Name \_\_\_\_\_  
*last first middle initial*

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ School: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

City: \_\_\_\_\_ Home Phone: \_\_\_\_\_

As a parent or guardian, I accept full responsibility for the type of material borrowed on this card.

I agree to comply with the rules of the Library and to be held responsible for any lost, damaged or overdue books or materials borrowed with this card.

\_\_\_\_\_  
Signature of Parent or Guardian

785 Main Street, Penticton, B.C. V2A 5E3 Telephone: (250) 770-7781  
Fax: (250) 770-7787 Email: [library@summer.com](mailto:library@summer.com)  
[www.library.penticton.bc.ca](http://www.library.penticton.bc.ca)