



THE QUIET HOUSE LLC
Promoting Literacy, One Book at a Time



The Quiet House Library
www.TheQuietHouseLibrary.com

Last Name, First Name & Middle Initial:

Address:

City, State & Zip Code:

Telephone no.:

Email:

Date of Birth:

Add Other Members, if applicable:

Last Name, First Name & Middle Initial:

Date of Birth:

Last Name, First Name & Middle Initial:

Date of Birth:

ID/Proof of residence will be verified before a library card is issued.

Library Card No.:

Membership Type:

I am responsible for the loss, damage, and fines incurred when borrowing materials with my library card, including my spouse/partner, and children. I am e-signing this document acknowledging that I agree with the statement listed above.

E-Signature:

Date: