LAST NAME: _____

TEX-SHARE APPLICATION

PARTICIPATING LIBRARIES

MAKE A PHOTOCOPY THE FOLLOWING:

1. TEX-SHARE CARD
2. SCHOOL I.D./THE BACK OF PUBLIC LIBRARY CARD,
3. DRIVERS LICENSE OR STATE I.D.

DATE:_____

PRINT NAME:_____

STREET ADDRESS:_____

CITY: _____ ZIP: _____

PHONE NUMBER (CELL/HOME/WORK):_____

EMAIL ADDRESS: _____

NAME OF SCHOOL/PUBLIC LIBRARY: _____

SCHOOL I.D. NUMBER/ PUBLIC LIBRARY NUMBER:_____

TEXSHARE CARD EXPIRATION DATE: _____

UST BARCODE NUMBER: _____

PATRON SIGNATURE:_____

AUTHORIZED BY: _____