Application for Membership
Forsyth County Public Library
Teen Advisory Board

Please return the completed application to your nearest Forsyth County Public Library.

Full Name: _____
(First) (Last)

Address: _____
(number & street) (apt. # if applicable)

_____
(city, state & zip code)

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Do you already have a FCPL library card? Yes _____ No _____

What school do you attend? What grade are you in? _____

Which of the four library branches do you visit the most? _____

Name of Parent/Guardian: _____

In case of emergency, contact: _____ Relationship:_____

Emergency contact phone #: _____

Are you willing to make a **regular** commitment to this TAB group? Yes _____ No _____

Will you be able to meet once a month in the evening? Yes _____ No _____

Please tell us why you would like to join the Forsyth County Public Library Teen Advisory Board. You may choose to include information about your interests, hobbies, or any skills you think would be an asset to the library. Use a second page if needed.

_____

_____

_____

_____ _____
Your Signature Date

_____ _____
Parent/Guardian Signature Date