

Group Membership Forms - Intake Form

Please attach this page to your package of library card registration forms.

Teacher/Group Leader:	Email:
School/Organization:	Phone Number:
COMPLETED CARDS TO BE PICKED UP AT	BRANCH
If you have booked a visit, please complete the following.	
Visit Date:	
KFPL Staff Host:	
FOR KFPL STAFF	
Package was dropped off at Bran	nch on (date).
Processing Complete	
Please send completed cards to the branch listed at the top of the sheet.	