

TLC
LaGrange Library's Teen Library Council
Membership Application

Name: _____

Address: _____

Phone: _____

E-mail: _____

Age: _____

Hobbies, Talents, Interests: _____

References: (other than parent):

Name:	Phone #	Relationship
_____	_____	_____
_____	_____	_____

Why do you want to be a member of the Teen Library Council?

Thank you for your interest. You will be contacted within two weeks.

