

**Anderson Public Library  
Teen Advisory Board  
Application for Membership**



PLEASE PRINT

NAME

\_\_\_\_\_  
Last

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle

ADDRESS

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
PRIMARY PHONE NUMBER  
(cell / home)

\_\_\_\_\_  
SECONDARY PHONE NUMBER  
(cell / home / work)

\_\_\_\_\_  
E-MAIL ADDRESS

\_\_\_\_\_  
LIBRARY CARD NUMBER

Would you prefer to be contacted by email or phone?

☐ Email

☐ Phone

How often do you use the library?

☐ Several times a week

☐ A few times a month

☐ A few times a year

☐ Never

*Checking 'Never' will NOT exclude you from TAB membership. If you never use the library, we would value your input on how the library could become more relevant and useful to you and your peers.*

Have you attended any library events recently?

☐ Yes

☐ No

*Checking 'No' will NOT exclude you from TAB membership. If you never attend library programs, we would value your input on how the library could offer programs that you and your peers would attend.*

Why do you want to be a member of TAB (use back if needed)?

***I hereby agree to the Policies, By-Laws, and Requirements of the Teen Advisory Board, and I acknowledge that I understand and meet all qualifications necessary for membership.***

X

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
APPLICATION DATE

Anderson Public Library  
114 N. Main Street  
Lawrenceburg, Kentucky 40342  
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Fax: (502) 839-7243  
[www.andersonpubliclibrary.org](http://www.andersonpubliclibrary.org)  
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