

3

First Name _____

Birthday (am/pm) _____ Hebrew Birthday _____

Cell# _____

Email _____

Barcode# (off. use) _____

4

First Name _____

Birthday (am/pm) _____ Hebrew Birthday _____

Cell# _____

Email _____

Barcode# (off. use) _____

5

First Name _____

Birthday (am/pm) _____ Hebrew Birthday _____

Cell# _____

Email _____

Barcode# (off. use) _____

6

First Name _____

Birthday (am/pm) _____ Hebrew Birthday _____

Cell# _____

Email _____

Barcode# (off. use) _____

FOR OFFICE USE ONLY:

Amount Due _____ Date Charged _____

Date Entered in OPALS _____ By _____

Date Entered in CMS _____ By _____



MEMBERSHIP



info@LYLibrary.org
 516-374-BOOK (2665)
 www.LYLibrary.org



Annual Membership Dues

Chai Membership per household . . . \$180.00

- Membership for the entire family
- Early registration for all programs
- Borrow up to 4 books per member

Family Membership

Up to 6 Members per household . . . \$54.00
 Additional Family Member . . . \$5.00

Individual Membership . . . \$25.00

FEES

Overdue Books . . . \$0.25/day
Overdue DVDs & CDs . . . \$1.00/day
Replacement Library Card . . . \$5.00
Lost/Damaged Item . . . Cost+\$5.00 processing fee

Library privileges will only be extended to accounts without balances.

Prices are in effect through August, 2011.

Library Policies

- Every member can borrow up to **3 books, 1 CD and/or 1 DVD** at a time
- Borrowing period for books is **28 days**
- High demand books have a **14 day** borrowing period
- Borrowing period for DVDs and CDs is **3 days**
- Reserved books will be held for **48 hours**
- Membership is non-transferable



Membership Application

Please print clearly. Additional member forms on reverse.

Family Name _____

Address _____

City, ST Zip _____

Phone _____

Title _____ First Name _____

Birthday (am/pm) _____ Hebrew Birthday _____

Cell# _____

Email _____

Barcode# (off. use) _____

Title _____ First Name _____

Birthday (am/pm) _____ Hebrew Birthday _____

Cell# _____

Email _____

Barcode# (off. use) _____

PAYMENT INFORMATION

Chai Membership
 Family Membership
 Individual Member

Cash Check # _____ Payable to Levi Yitzchak Family Center
 Credit Card Visa Mastercard Amex

CC# _____

Exp _____ Code _____

Name on Card _____ Billing Zip _____