Educator Library Card Membership

Niagara Falls Public Library

Educator's Information

First Name _____ **Last Name** _____

Home Address _____

Phone Number _____ **Email Address** _____

Including your email gives NFPL permission to contact you about regarding your Educator Library Card.

School / Daycare Information

Full Name _____

If you teach at a school, what is the name of the School Board? _____

Street Address _____ **City** _____

Postal Code _____ **Phone Number** _____

In Class Visits & Book Bin Delivery

NFPL provides classroom services such as library visits, in class visits and book bin deliveries.

Are you interested in more information about these services?

☐ Yes ☐ No ☐ Not sure - but I'm interested, tell me more!

☐ Other: _____

INTERNAL USE ONLY

Barcode Number _____

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