

Library Card Application

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Date of Application / /

Please print!

Last Name		1 male 2 female	
First Name		Birth date	Year/Month/Day / /
Street Address			自治会名(じちかいめい)
City		Postal No.	
Phone no. (FAX no. <i>If necessary</i>)			
Name of School or Company: (<i>If not a resident of Kawanishi Town</i>)			Phone no.

Please show your valid identification of current address.

 **Kawanishi Town Library**

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