

The undersigned certifies that he or she is a resident of Madison County, has a current Madison County Library Card, is a member of the organization or group and will personally be present during the entire meeting to be held at the library meeting room. The undersigned also understands the above regulations and agrees to abide by them.

(Signature or Primary Contact Person)

(Date of Application)

(Signature or Library Representative)

(Date of Application)



Reason for denial of application: _____

Date of denial: _____

Date of Payment _____

Fee Paid: _____

Fee received by: _____

CASH OR CHECK ONLY. Make checks payable to: The Madison County Library System