

Making It Greener, Together



Camden County Tool Library

Membership Application

Thank you for joining the Camden County Tool Library. Please complete the information below and return to the Tool Library. Upon approval, your membership will be activated. Welcome!

Your Information				
Name:				
Address:				
City:		State:	_ Zip Code:	
Phone:				
E-mail address:				
Are you at least 18 years of age?	_YES	NO		
I have read and agree to abide by the C	amden Coun	nty Tool Library's Too	l Use Policy.	
Signature				
Date of Agreement	_			
Tool Library Use Only				
Date:				
Volunteer/Staff Person:				
ID#1		ID#2		