



Teen Advisory Group Membership Application

For Teens 7th-12th grades

Name: _____

Address: _____

Phone #: _____ Age: _____ Grade: _____

School: _____ Birthday: _____

Email Address: _____

Name of Parent(s)/Guardian(s): _____

Are you willing to participate in TAG special programs and activities? Yes No

Are you willing to attend monthly TAG meetings? Yes No

Tell us a little about yourself!

Favorite Books: _____

Favorite Bands/Performers: _____

Favorite TV Shows: _____

Favorite Movies: _____

Favorite Magazines: _____

What day of the week is best for meetings? _____

Are you involved in other clubs/organizations? If yes, which ones? : _____

What do you like most about the library? _____

What do you like least about the library? _____