



Library Card Application

Present this application at the library service desk with proof of name and current address, such as state-issued ID, utility bill, bank statement, etc.

First Name: _____ Middle Name: _____

Last Name: _____ Suffix: _____

Date of Birth: ____/____/____ Phone Number: (____) _____

Mailing Address: _____

Physical Address (if different): _____

City: _____ State: _____ Zip: _____

County: _____ E-mail: _____

If this application is for a child under age 16:

Parent/guardian name: _____

Relationship to Child: _____

I certify that I am the custodial parent and/or legal guardian of this child. I understand that I am responsible for bills associated with this account, including late fines and bills for damaged or lost items.

Signature _____ Date _____

Responsibility agreement:

- I understand that presentation of my library card will allow checkout of items on my account.
- I understand that I am responsible for all items checked out on this account and for late fines and bills. I understand I will be billed for items that are damaged or lost while checked out to me.
- If my contact information changes, including address and phone number, I will notify the library as soon as possible.
- I agree to observe library policies and to promptly pay all charges incurred.
- If my card is lost or stolen, I understand I must notify the library immediately.
- I understand that the library provides access to a broad range of materials and information, and that all library materials, including print and downloadable materials, as well as electronic databases and the internet are available to all users of any age. I understand that I am responsible for my minor child's use of all library materials and resources.

Signature: _____ Date: _____

STAFF USE

ID Checked?: ____ Library Card Number: _____ Staff Initials: _____