LIBRARY CARD APPLICATION

IDENTIFICATION REQUIRED:
- Photo I.D. (i.e. Driver’s license, state I.D. card)
- Proof of Current Address (i.e. Driver’s license, state I.D., recent mail, check book)

PATRON INFORMATION (please print):

Name: ______________________________________________________________________________________________

Last                                                             First                                              Middle

Birthdate: ____ / ____ / ____  [ ] Female  [ ] Male  [ ] N/A  Age Group: [ ] 0-15  [ ] 16+

Mailing Address: _____________________________________________________________________________________

Street, RR/Fire Number or P.O. Box City or Village State Zip

County of Residence: ________________________ Township: _______________________________

(If outside city/village limits)

Residential Address: (Complete if different from mailing address)

___________________________________________________________________________________

Street, RR/Fire Number or P.O. Box City or Village State Zip

Email ______________________________________________ [ ] Check for 2 day Pre-overdue notice (only via email)

Phone: (_______) ________________________________ Cell: (_______) ______________________________

I would prefer to be notified of my holds by: [CHOOSE ONE]

[ ] Email (same day notification)
[ ] Text (next day notification, cell phone only)
[ ] Phone call (next day notification)  Select one: [ ] Cell  [ ] Land line
[ ] No hold notices

I prefer to pick up my holds at: ______________________________________________________

(Name of Library or Bookmobile stop)

ACCEPTANCE OF RESPONSIBILITY  (Read carefully!)

I will be responsible for all materials checked out on this card, including materials checked out by others with or without my consent, unless I have previously reported the loss of my card.

I will report a lost or stolen card, or any change of personal information (name, address, phone, email), immediately.

I will comply with all library rules and policies.

I understand that there will be charges for overdue, lost, damaged and stolen library materials.

I understand that the library provides access to a broad range of resources and that it is my responsibility to judge for myself and for my children or minor dependents what resources are appropriate for my/our personal use.

PATRON SIGNATURE:_____________________________________________ Date: ______________________

FOR JUVENILES (AGE 0-15), PLEASE COMPLETE:

Parent or Legal Guardian Signature: _____________________________________________________________

Please print Parent or Legal Guardian Name: ____________________________________________________

FOR LIBRARY STAFF ONLY:

Type of registration: New patron  Address change  Lost card  Renewal  Name Change (Former name ______________________)

Staff initials/LIB verifying ID: __________________________

Proof of current address  PSTAT (Sort 1): __________________________

Send application to library of residence: __________

[ ] Patron has been issued card with barcode __________________________ from __________

9/16