ORGANIZATION LIBRARY CARD APPLICATION

IDENTIFICATION REQUIRED:
- Photo I.D. (i.e. driver’s license, state I.D. card)
- Proof of Authorization (letter on official letterhead from principal/head of organization)

ORGANIZATION INFORMATION (please print):

Organization Identity

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

Main Phone (___) _____________________________ Email Address __________________________________________

Primary Card user:

Name _____________________________________________ Title ____________________________________________
Work Phone ____________________________ Work Email _________________________________________________

Secondary Contact:

Name _____________________________________________ Title ____________________________________________
Work Phone ____________________________ Work Email _________________________________________________

Other Card User name(s) ________________________________________________

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!)
- We will be responsible for all materials checked out on this card, including materials checked out by others with or without our consent, unless we have previously reported the loss of this card.
- We will report a lost or stolen card, or any change of information (name, address, phone, email) immediately.
- We will comply with all library rules and policies.
- We understand that there will be charges for lost, damaged, missing parts, and/or stolen materials.
- We understand that the library provides access to a broad range of materials and that it is our responsibility to judge for ourselves and for our students what resources are appropriate for our use.

Primary User or Head of Organization:

Signature_________________________________________________Date________________________
(Please print name) ___________________________________________________________________________________

FOR LIBRARY STAFF ONLY:

Staff initials/LIB verifying ID: ____________

Type of registration:
- ☐ New patron       ☐ Address change
- ☐ Lost card        ☐ Renewal

PSTAT (Sort 1): __________________________

Send application to: __________________________

☐ Patron has been issued card with barcode __________________________ from __________

10/18