LIBRARY CARD APPLICATION (please print)

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)

Name: ______________________________________________________________________________________________

Last                                                             First                                              Middle

Birthdate: ____ / ____ / ____  Age Group: [ ] 0-15  [ ] 16+

Age Group: [ ] 0-15  [ ] 16+

Name on Photo ID: (Complete if different than name above) ___________________________________________________

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: ______________________________________________________

(Complete if different from mailing address)

(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:                      Staff initials/LIB verifying ID: __________________

[ ] New patron   [ ] Address change        Proof of current address [ ]

[ ] Lost card   [ ] Renewal               PSTAT (Sort 1): ____________________________

[ ] Name Change (Former name __________________________)

Send application to library of residence: __________________________

[ ] Patron has been issued card with barcode _____________________________ from ________________.

2/20