LIBRARY CARD APPLICATION

- Please print -

Last Name: ____________________________________  First Name: ______________________________  Middle Name: _______________________

Address: ________________________________________________________________________________ Apt./Lot: _________________________________

City: ___________________________ Zip Code: ______________ Email: ______________________________________

When we need to notify you of holds or overdues, how would you prefer to be contacted? Choose one: □ Email  □ Phone  □ Text

ID#: ___________________________________________________________________________ Birth Date: ___________________________

Phone: ___________________________ Phone #2: ___________________________ Create a 4-Digit PIN: [ ] [ ] [ ] [ ]

Name of Parent/Guardian (if under 18): __________________________________________________________________________________________

I AGREE TO: Return all items on time • Pay all fines or fees • Report loss or theft of my card promptly
Follow the policies of the library • Report change of name or address promptly
This card is not transferable

The person whose signature appears below or their parent/guardian is responsible for all materials borrowed on this card.

Signature __________________________________________________________________________________________

PARENT or GUARDIAN APPROVAL

I authorize and assume responsibility for:

my child under age 18 to borrow: DVDs  □ Yes  □ No
my child under age 18 to borrow (choose one): □ up to 5 items  □ up to 50 items

Signature of Parent/Guardian: ___________________________________________________________________________

Print Name of Parent/Guardian: __________________________________________________________________________