



LIBRARY CARD APPLICATION

LF1130_02.03.2020

- 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: _____

Staff
Initials