



# DES MOINES PUBLIC LIBRARY

## Library Card Application

Library cards are issued free to residents of the Des Moines metropolitan area. The Public Library of Des Moines participates in the State of Iowa Open Access Program, which may allow free cards to residents of other communities. Call us at 515-283-4152 for more information.

To obtain a card, fill in the form below (you can type the information on a computer and print out the form) and bring into one of our library locations. Children must be at least 5 years old and children under age 12 must be accompanied by a parent or guardian. ***To safeguard patron privacy, we require proof of current name and address and a photo I.D.***



# LIBRARY CARD APPLICATION

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- Please print -

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. \_\_\_\_\_ Lot/BLDG# \_\_\_\_\_

City/State: \_\_\_\_\_ 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

Applicant Driver's License #: \_\_\_\_\_  Male  Female  Other \_\_\_\_\_

Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_ 4-DIGIT PIN#     Birth Date: \_\_\_\_\_

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 his/her parent/guardian is responsible for all materials borrowed on this card.

Signature \_\_\_\_\_

<b>PARENT or GUARDIAN APPROVAL</b>	<b>I authorize and assume responsibility for:</b> my child under age 18 to borrow: DVDs <input type="checkbox"/> Yes <input type="checkbox"/> No my child under age 12 to borrow more than five items: <input type="checkbox"/> Yes <input type="checkbox"/> No Signature of Parent or Guardian: _____	Staff Initials
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