Library Card Application

PLEASE PRINT LEGIBLY

Name (Last, First, Middle Initial) _____________________________________________________________

Address: __________________________________________ City: ______________ State: _____ Zip: ______

Phone: (home) __________________ (cell) ______________ Notices via text? □ Yes! □ No!

Email Address: __________________________________________________________
(Provide only if you prefer to receive notices via email and you are able to check your email on a regular basis)

4-digit PIN (Required to access your account and electronic resources online) _____ _____ _____ _____

Date of Birth (month/day/year) ________________________________

Age (Choose one): ____ 12 and under (minor) _____ 13-17 (minor) _____ 18 and over (adult)

Patrons under 18:

Students—School: __________________________________________

Parent/Guardian (Print name): __________________________________________

*Parent/Guardian is responsible for all library card activity and fines accrued by minor.

Please initial and provide signature below.

_____ I agree that I am responsible for all materials checked out with this card.

_____ If I do not return borrowed items on time, I will pay overdue charges.

_____ I will report its loss or theft immediately (subject to pay replacement cost).

_____ I agree to inform the library of any changes in my address, telephone number or email address.

_________________________ (Patron or Parent/Guardian Signature)  (Date)