Library Card Application

Please fill out a form for each family member or yourself. Provide a valid photo ID and proof of address. This application is a contract between you and the library. Your information will not be shared with any third party.

Printed Name of Legal Parent or Guardian



Signature

information will not be shared with any third party.				0-663-5441	PUBLIC LIBRARY
Patron Information					LIBRARY
Last name	First name			Middle name	
Mailing address (please include apartment if applicable)				Phone ()
City	Si	tate	Zip Code	County	
How would you like the library to contact you?					
Select one	Email		l also automatically i vents and informatio		sional email updates about lways unsubscribe.)
☐ Mail				Cell Pho	one)
For Out-Of-Town Students or Temporary Residents:					
Permanent address if different from above (please include apartment if applicable)					
City			State		Zip Code
Identifying Information and Signature					
Age range (Circle one)			Dat	e of Birth	
(CH) (YA) (A) (S) 1-12 13-17 18-64 65 & over			(month)	/ (day)	(year)
Parents sign for ages 0-12 years I agree to be responsible for material borrowed with this for all fines incurred, and for loss and damage of materi charged upon it. I accept responsibility for the selection materials made by this person.	ial				
Signature of Legal Parent or Guardian		for all f	to be responsible ines incurred and f	for materia for loss and	I borrowed with this card, I damage of material