



LIBRARY CARD APPLICATION FORM

Please complete this form in English.

NAME: _____

BIRTHDATE (MM/DD/YY): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

PHONE: _____ - _____ - _____ ☐ CELL ☐ HOME ☐ WORK

PRIMARY NOTIFICATION METHOD: ☐ EMAIL ☐ PHONE CALL

Would you also like to receive text messages? ☐ YES ☐ NO

WIRELESS CARRIER: _____

The undersigned is responsible for materials borrowed and any fees charged.

APPLICANT SIGNATURE: _____ DATE: _____

LIBRARY CARDS FOR MINORS: *If this application is for a person younger than 18, a parent/guardian must also sign below to accept the following statement before a library card can be issued:*

"I confirm that I am the parent or legal guardian of the minor applying for this library card and that the minor resides at the address entered above. I also understand that I will be responsible for usage of this card by minors to access library materials."

PARENT/GUARDIAN NAME (PRINT): _____ DATE: _____

PARENT/GUARDIAN ADDRESS: _____
Street City State/ZIP

PARENT/GUARDIAN SIGNATURE: _____

FOR STAFF ENTRY:

BARCODE NUMBER: _____

BORROW TYPE: ☐ B ☐ REC ☐ WOR