

# Library Card Application

Adult/parent/guardian information:

Please PRINT clearly.

\_\_\_\_\_ Birth date \_\_\_\_\_  
 Last name                      First name                      Middle name

Home (**residence**) address (not PO box)                      Apt/Sp #                      City                      State                      Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Provider \_\_\_\_\_  
 (for text notification)

Email address (required for library notifications) \_\_\_\_\_

Maintain reading history (keeps track of what is checked out)  Yes  No                      Limited card requested (2 items)  Yes  No

By accepting this card, I agree:

- To abide by library policies with regard to facilities, materials, fines, and services.
- To report changes to my account information such as address, phone number, and email address.
- To report the loss, theft, or abuse of this card immediately. I am responsible for fines and fees and any items checked out prior to reported loss or theft.

Applicant's Signature: I agree to the terms above: \_\_\_\_\_

### Cards for children in household (ages 4-17)

Child's name (last, first, middle)	Birth date	Child card# (Library use)

By signing for children's cards, I agree:

- To be responsible for child's use of library materials, and to pay all associated fines and fees.
- To report changes to child's account's information such as address, phone number, and email address.
- To report the loss, theft, or abuse of this card immediately. I am responsible for fines and fees and any items checked out prior to reported loss or theft.

Printed Parent/Guardian Name

Parent/Guardian Signature

Relationship to child

#### Library use:

Adult card # \_\_\_\_\_ DL/ID#(numbers only) \_\_\_\_\_ Address confirmed in district:

Out of district fee:     Annual full service \$ \_\_\_\_\_     Monthly \$ \_\_\_\_\_    Paid by:  Cash  Check  CC

No fee remitted:     Internet Only (OK w/no address)     Jr.Scholarship (att'd)     Annexation, other \_\_\_\_\_  
 (attach supporting documentation)

Registrar initials \_\_\_\_\_ Date \_\_\_\_\_    Reviewer initials \_\_\_\_\_    Fee audit initials: \_\_\_\_\_ Date: \_\_\_\_\_