



Adult Library Card Application

Card Number: _____ **Date:** _____ **Staff Initials:** _____

Drivers License Number: _____ **State:** _____

Name: First: _____ Last: _____ Middle Initial: _____ Suffix: _____

Date of Birth: _____ Mr. Mrs. Ms. Miss Dr. Other

Phone Number: _____ **Email Address:** _____

Home Address: _____

Mailing Address (if different than above): _____

City: _____ **State:** _____ **Zip Code:** _____

School District: Burnt Hills Ballston Lake: _____ Ballston Spa: _____ Scotia Glenville: _____

Saratoga Springs: _____ Galway: _____ Other: _____

Town of: Ballston: _____ Ballston Spa: _____ Charlton: _____ Clifton Park: _____

Glenville: _____ Other: _____

County: Saratoga: _____ Schenectady: _____ Other: _____

Please Select One Notification Preference:

Email Address

Text Message Alert*: Cell Phone Number: _____ Provider: _____

Phone Call

Would you like to receive e-receipts? Yes: _____ No: _____

Would you like to receive our weekly e-newsletter with programs and events? Yes: _____ No: _____

*Charges from your text message provider may apply, please check with carrier.

Please Read Carefully:

I agree to observe all rules established by the library and will be responsible for all materials borrowed on my card. I also agree to pay all fines and other charges imposed for late, lost, or damaged library materials. I will notify the library if my card is lost or if I change my name, address, email, or telephone number.

Signature: _____ **Date:** _____