



## Library Card Application

Card Barcode: \_\_\_\_\_ Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

ID Number: \_\_\_\_\_ State: \_\_\_\_\_

Title:       Mr.       Mrs.       Ms.       Miss       Dr.       Other

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Suffix: \_\_\_\_\_

Last Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

**Parent/Guardian Name (Only for Patrons 5 to 12 Years Old)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Does name match Name on Identification?       Yes       No

Name on ID: \_\_\_\_\_

**Home Address-** (No PO Boxes/PMB allowed)

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address same as Home Address:       Yes       No

**Please Select One Notification Preference:**

Notification Option:       Mail       Email       Text      Additional Text Notice:       Yes       No

Phone Number: \_\_\_\_\_ Mobile Carrier: \_\_\_\_\_

Email Address: \_\_\_\_\_

Would you like to receive e-receipt Option:       Yes       No

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

**Please Read Carefully:**

I agree to observe all rules established by the library and will be responsible for all materials borrowed on this library card. I also agree to pay all charges imposed for lost or damaged library materials. I will notify the library if this library card is lost or if there is a change in name, address, email, or phone number.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_