



# Library Card Application

Is this card for a child in grade 6 or under?  Yes  No (If no, skip the next two lines.)

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
street town zip

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

Mailing Address: \_\_\_\_\_, \_\_\_\_\_, NY \_\_\_\_\_  
street town zip

Apt: \_\_\_\_\_ Box: \_\_\_\_\_ Lot: \_\_\_\_\_ Town of: \_\_\_\_\_  
(If different than mailing address)

Permanent Address: \_\_\_\_\_  
(If different than mailing address)

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

Would you like to receive any of the following via email?

eReceipts (check-out receipts)  Due Date Reminders & Reserve Notifications  Monthly eNewsletter

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Would you like to receive text messages?:  Yes  No

Phone Carrier: AT&T Sprint T-Mobile Verizon Other: \_\_\_\_\_

Phone carrier text charges may apply. Text messages are sent throughout the day.

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Driver's License # or Other ID # (applicant or parent/guardian): \_\_\_\_\_

Would you like Internet Access?  Yes  No

Over 18 years old?  Yes  No; parental consent is required if under 18, see Circulation staff for more information.

### Please Read:

I (We, parent & child) agree to observe all Library rules and will be responsible for all materials borrowed on my card. I also agree to pay fines for late returns or other charges for lost or damaged materials. I will notify the Library if my card is lost or if I change my name or address.

Signature of Borrower \_\_\_\_\_

Signature of Parent/Guardian for Youth in grades 6 or under \_\_\_\_\_

<b>Staff Use:</b>	Address verified? <input type="checkbox"/> Yes <input type="checkbox"/> No	ID seen? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Barcode Number: 10006 _____	
	Date/Initials:	5/2018 RD