



# Library Card Application

## Applicant

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Home Address: Street 1: \_\_\_\_\_

Street 2: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

(PO box or if different than home address)

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

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

## For applicants age 14 and under, parent/guardian must complete this section.

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(If different than address above)

Parental consent required for applicant to use Library public computers. Grant access?  Yes  No

Signature of Parent/Guardian: \_\_\_\_\_

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

Primary Phone (required): \_\_\_\_\_ Cell?  Yes  No If yes, carrier: \_\_\_\_\_

How would you like to receive Library notifications (check all that apply)?  Email  Text  Phone/Mail  
Phone carrier text charges may apply. Text messages are sent throughout the day.

Would you like to receive the monthly Library eNewsletter?  Yes  No

**Note:**  
I 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 \_\_\_\_\_

*Staff Use:* Address verified?  Yes  No ID seen?  Yes  No

Barcode Number: 10006 \_\_\_\_\_

Date: \_\_\_\_\_ Initials: \_\_\_\_\_