



APPLICANT

Name: First: _____ Middle Initial: ___ Last: _____

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

Birth Date: _____ / _____ / _____
Month Day Year

Home Address: Street 1: _____

Street 2: _____

City: _____ State: _____ Zip Code: _____

Secondary Address: _____
(If different than address above or PO box)

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.

Phone: _____ If text selected, Mobile Carrier: _____
Cell number required for text

Email Address: _____

Check box if you do not wish to receive our monthly enewsletter.

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 Applicant _____

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. Would you like to complete an Internet Permission form to grant access? Yes No

Signature of Parent/Guardian: _____

<p><i>Staff Use:</i> Address verified? <input type="checkbox"/> Yes <input type="checkbox"/> No ID seen? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Barcode Number: 10006 _____</p> <p>Date: _____ Initials: _____</p>	2/2020 PW
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