



Library Card Application

Please review carefully before signing.

Your signature indicates full financial responsibility for the use of this card and payment of fines and fees accrued by any materials charged to it.

Barcode: _____
Staff initials: _____

Full name: _____
(First) (Middle) (Last)

Birth date: _____ (month/day/year)

Legal guardian name: (If under 18 years) _____

Address: _____
(number, street) (Apt. #)

(city) (state) (zip code)

Email: _____

Phone number: _____ (last 4 digits are your PIN number)

	YES	NO
Is the applicant under 18 years old?	<input type="checkbox"/>	<input type="checkbox"/>
Are you applying as a teacher?*	<input type="checkbox"/>	<input type="checkbox"/>
Are you applying as a representative of an organization?*	<input type="checkbox"/>	<input type="checkbox"/>

*Signature of person financially responsible:

By checking this box, I am indicating that I do **NOT** wish to allow access to public computer internet for my minor child.

When holds arrive, please contact me by:

Phone Call
 Email
 Text

(applicant signature)

(date)