Library Card Application

Adult/parent/guardian information:

Last name ___________________________ First name ___________________________ Middle name ___________________________

Birth date __________________________

Home (residence) address (not PO box): Apt/Sp # ___________________________ City ___________________________ State ___________________________ Zip ___________________________

Home Phone ___________________________ Cell Phone ___________________________ Provider ___________________________

(for text notification)

Email address (required for library notifications) ___________________________

Maintain reading history (keeps track of what is checked out) ☐Yes ☐No

Limited card requested (2 items) ☐Yes ☐No

By accepting this card, I agree:

• To abide by library policies with regard to facilities, materials, fines, and services.
• To report changes to my account information such as address, phone number, and email address.
• To report the loss, theft, or abuse of this card immediately. I am responsible for fines and fees and any items checked out prior to reported loss or theft.

Applicant’s Signature: I agree to the terms above:

________________________________________

Cards for children in household (17 and younger)

Child’s name (last, first, middle) ___________________________ Birth date ___________________________ Child card# (Library use) ___________________________

________________________________________

________________________________________

________________________________________

By signing for children’s cards, I agree:

• To be responsible for child’s use of library materials, and to pay all associated fines and fees.
• To report changes to child’s account’s information such as address, phone number, and email address.
• To report the loss, theft, or abuse of this card immediately. I am responsible for fines and fees and any items checked out prior to reported loss or theft.

Printed Parent/Guardian Name ___________________________ Parent/Guardian Signature ___________________________ Relationship to child ___________________________

Library use:

Adult card # ___________________________ DL/ID#(numbers only) ___________________________ Address confirmed in district: ☐

Out of district fee: ☐Annual full service $ _____ ☐Monthly $ _____ Paid by: ☐Cash ☐Check ☐CC

No fee remitted: ☐Internet Only (OK w/no address) ☐Jr.Scholarship (att’d) ☐Annexation, other _________

(attach supporting documentation)

Registrar initials _______ Date_______ Reviewer initials _______ Fee audit initials: _______Date:_______