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 ☐Welcome card (group facilities, 2 items)

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 (15 and younger)

<table>
<thead>
<tr>
<th>Child’s name (last, first, middle)</th>
<th>Birth date</th>
<th>Child card# (Library use)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 $_____ ☐Quarterly $_____ Paid by: ☐Cash ☐Check ☐CC

No fee remitted: ☐Scholarship ☐Property in District (documentation attached for fee waiver) ☐Annexation ☐Educator / Student (confirm by ID)

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

J:\Forms\Circulation Forms\Library cards\Library Card Application - Qtrly.doc 11/17/2020