



Please Print Clearly

Last Name First Name Middle Name

Home Address Apt. # City, State Zip code

Mailing Address (if different from above)

() (cell) () (cell)

Primary Number Alternate Number

E-Mail Address

Driver's License/ID Number Date of Birth

Overdue and hold request notification preference: (If none is selected default is email.)

Text Email Phone call

I agree to be responsible for all materials borrowed on my card, to observe all Library rules, to pay all charges, and to give immediate notice of any change of address or loss of Library card. Possession of a Library card provides access to all print and non-print Library materials.

Signature of Applicant

For under age 14: As a parent/legal guardian, I agree to be responsible for my child's materials. Any restriction of a child's library materials is the responsibility of parent/guardian. Children's Librarians are available to provide selection guidance.

Printed Name of Parent/Guardian Driver's License/ID Number

Signature of Parent/Guardian

FOR OFFICE USE ONLY:

Library Card # _____ Staff Initials _____ Date _____