LIBRARY CARD APPLICATION
IDENTIFICATION REQUIRED:

- **Photo I.D.** (i.e. Driver's license, state I.D. card)
- **Proof of Current Address** (i.e. Driver's license, state I.D., recent mail, check book)

PATRON INFORMATION (please print):

Name: _____
Last First Middle Initial

Preferred First Name_____ **Birthdate**: ____ /____ /____
(Leave blank if not applicable) Month Day Year

Mailing Address: _____
Street, RR/Fire Number, or P.O. Box City or Village State Zip

County of Residence: _____ **Township**: _____

Residential Address: (Complete if different from mailing address)

_____
Street, RR/Fire Number, or P.O. Box City or Village State Zip

Phone: (_____) _____ **Email Address**: _____

Please send me an email reminder two days before items are due: ☐Yes ☐No

Please notify me my holds are ready for pickup with one of these options:

☐Email (same day) ☐Text Message (next day) ☐Phone (next day) ☐Prefer not to be notified

If this application is for a child ages 0-15: would you like this account and the parent/legal guardian signing for this account to be able to pick up each other's holds? ☐Yes ☐No

ACCEPTANCE OF RESPONSIBILITY (Read carefully!)

- I will be responsible for all materials checked out on this card, including materials checked out by others with or without my consent, unless I have previously reported the loss of my card.
- I will report a lost or stolen card, or any change of personal information (name, address, phone, email), immediately.
- I will comply with all library rules and policies.
- I understand that there will be charges for lost, damaged and stolen library materials, as well as overdue Outerlibrary Loan materials.
- I understand that the library provides access to a broad range of resources and that it is my responsibility to judge for myself and/or my children or minor dependents which resources are appropriate for my/our personal use.

PATRON SIGNATURE:_____ **Date**: _____

FOR JUVENILES (AGE 0-15), PLEASE COMPLETE:
Parent or Legal Guardian Signature:_____

Please print Parent or Legal Guardian Name: _____

FOR LIBRARY STAFF USE ONLY:

☐ New patron
☐ Lost card
☐ Name change (Former name: _____)
☐ Address change
☐ Renewal

Staff initials verifying ID: _____ Proof of address: ☐ Photo ID type: _____ Patron category: _____

Sort 1 (PSTAT): _____ ☐ Email SM to subscribe to newsletter ☐ Hold pickup authorization

Issued card w/ barcode: _____ Send application to: _____