

**LIBRARY CARD APPLICATION
IDENTIFICATION REQUIRED:**

STOUGHTON PUBLIC LIBRARY

- **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

Birthdate: ____ / ____ / ____ **Age Group:** 0-15 16-64 65+
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

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

I would prefer to be notified of my holds by (choose one): Email Phone Text Message

For Text Message Notification:

- I agree to receive my holds and overdue notices via text message to the phone number I have provided.
- The library does not charge for this service, but I may be billed by my mobile phone service provider for text messaging. The library text message is like any other text message, and charges vary from service provider to service provider and from plan to plan.
- I can expect to receive a text message for holds between 9:00 and 10:00 PM, unless unforeseen technical difficulties arise with the library computer system or the telephone service provider network, and understand that modifying the delivery time is not possible.
- If a text message connection cannot be established, the library will default your notification to the email or phone number provided on this form.

Text Message Authorization Signature: _____

If this application is for a child ages 0-15: would you like to set up reciprocal borrowing between this account and the parent/legal guardian signing for this account? You would be able to **pick up holds for each other** using your own library cards.

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 overdue, lost, damaged and stolen library 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 what 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:

Type of registration:

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

Staff initials verifying ID: _____

Proof of address:

Patron category: _____

Sort 1 (PSTAT): _____

Photo ID type: _____

Patron has been issued card with barcode _____

Send application to: _____