

FAMILY LIBRARY CARD APPLICATION
IDENTIFICATION REQUIRED FOR PARENT OR GUARDIAN:



- Photo I.D. (i.e. Driver's License, State I.D. Card)
- Proof of current address

PARENT OR GUARDIAN INFORMATION (please print):

*1. Name: _____
Last First Middle Initial

Birthdate: ____/____/____ County of Residence: _____ Township: _____
Month Day Year

Mailing Address: _____
Street or P.O. Box City or Village State Zip

Residential Address: (Complete if different than mailing address)

Street or P.O. Box City or Village State Zip

Primary Phone: (____) _____ Email Address: _____

I would prefer to be notified of my holds by (circle one):

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

Please send me **pre-overdue notices** (available via email, check one): Yes No

Please send me the library's monthly email newsletter: Yes No

Please set up reciprocal borrowing for all the accounts listed on this form: Yes No

ADD CHILDREN AGES 0-15 (CHILDREN RECEIVE THEIR OWN LIBRARY CARD AND ACCOUNT)

2. Name of Child: _____
Last First Middle

Birthdate: ____/____/____ Date: _____
Month Day Year Signature

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 a loss of my card.
- I will be responsible for all materials checked out on Juvenile (age 0-15) cards issued to my child(ren) or juveniles (age 0-15) for whom I am a legal guardian.
- 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 fines for 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 for my children and or minor dependents what resources are appropriate for my/our personal use.

PLEASE PRINT ADULT PATRON NAME: _____

ADULT PATRON SIGNATURE: _____

(Over)

3. Name of Child: _____
Last First Middle

Birthdate: ____/____/____ _____ Date: _____
Month Day Year Signature

4. Name of Child: _____
Last First Middle

Birthdate: ____/____/____ _____ Date: _____
Month Day Year Signature

5. Name of Child: _____
Last First Middle

Birthdate: ____/____/____ _____ Date: _____
Month Day Year Signature

6. Name of Child: _____
Last First Middle

Birthdate: ____/____/____ _____ Date: _____
Month Day Year Signature

FOR LIBRARY STAFF USE ONLY:

- Type of registration: New patron(s)
 Lost card(s)
 Name change (Former name: _____)
 Address change
 Renewal

Staff initials verifying ID: _____

Proof of address:

Patron category: _____

Sort 1 (PSTAT): _____

Photo ID type: _____

Send application to: _____

Patrons have been issued cards with these barcodes: *1. _____

2. _____ 3. _____

4. _____ 5. _____

6. _____