

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

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 (check 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
- 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? 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: Patron category: _____

Sort 1 (PSTAT): _____ Photo ID type: _____

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