

**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

**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

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

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: \_\_\_\_\_