

APPLICANT INFORMATION

NAME _____
First Middle Last

PIN _____

To access online library account
Between 4 and 10 characters

GENDER Male Female

BIRTHDATE _____/_____/_____
Month Day Year

HOME ADDRESS _____
Street Address City State Zip Code

MAILING ADDRESS _____
If different P.O. Box / Street Address City State Zip Code

PHONE () _____ ALTERNATE PHONE () _____

EMAIL _____
Optional

EMPLOYER / SCHOOL _____
Required if this is your basis of eligibility for a card

THE FOLLOWING PEOPLE HAVE PERMISSION TO CHECK OUT MATERIALS WITH MY CARD:

Optional

APPLICANTS 17 YEARS OF AGE AND UNDER

Parent or Legal Guardian Information:

NAME _____
First Last

MAILING ADDRESS _____
If different than above P.O. Box / Street Address City State Zip Code

PHONE () _____ RELATION _____

**I accept full responsibility for all materials borrowed with this card.
I agree to comply with all library rules and to report any changes of address.**

APPLICANT SIGNATURE _____

PARENT/GUARDIAN SIGNATURE _____
Required for applicants 13 years of age and under

Library Staff Use

User ID: 2 3157 _____

Group ID:
(Phone Number)

Date: _____

Staff Initials: _____