## James L. Hamner Public Library Card Application



Card Number: 23002 Staff Initials:

Street Address   City/County   State   Zip   Mailing   Address   City/County   State   Zip   Mailing   Address   City/County   State   Zip   Phone: (	Primary	First/Preferred	Middle	Las	t	
Street Address		Street Address	City/County	Sta	te Zip	
Email: Birthdate: How would you like for us to contact you in the following situations (select one):  An item is due soon or overdue: Text Email  An item you requested is available: Text Email Phone Call  Would you like your receipt emailed to you after checking out? Yes No  Would you like to keep a record of your checkout history? Yes No  (Accessible by law enforcement upon request — this isn't as scary as it seems.)  I agree to be responsible for all items borrowed on my account, with or without my consent, unless I have previously notified the library of loss of my card. I agree to follow library policy and procedure. I agree to give prompt notice of my change of address and loss of my card. I understand that I am responsible for accompanying my child(ren) under the age of 10 to the library.  Your Signature: Date:  For minor accounts only (fill out if you are making an account for a minor):  What kind of access would you like your minor to have?  Note that Audio/Visual materials can sometimes include mature content.  All Access Computer Only No Computer Print Only No Audio/Visual Would you like your minor's photo on their account? Yes No  Applicants under the age of 18 must have a legal guardian or responsible adult sign this form, accepting responsibility for materials borrowed.  Adult Name:	_			Stat	te Zip	
How would you like for us to contact you in the following situations (select one):  An item is due soon or overdue:	Phone: (_	) -	Select one: □	Home □ Work	□ Cell □ Other	
An item is due soon or overdue:	Email:	Birthdate:				
An item you requested is available:	How would you like for us to contact you in the following situations (select one):					
Would you like your receipt emailed to you after checking out?	An item is due soon or overdue: ☐ Text ☐ Email					
Would you like to keep a record of your checkout history?	An item you requested is available: ☐ Text ☐ Email ☐ Phone Call					
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For minor accounts only (fill out if you are making an account for a minor):  What kind of access would you like your minor to have?  Note that Audio/Visual materials can sometimes include mature content.  All Access	consent, unless I have previously notified the library of loss of my card. I agree to follow library policy and procedure. I agree to give prompt notice of my change of address and loss of my card. I understand that I am responsible for accompanying my child(ren)					
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Would you like your minor's photo on their account?   Yes  No  Applicants under the age of 18 must have a legal guardian or responsible adult sign this form, accepting responsibility for materials borrowed.  Adult Name:						
Applicants under the age of 18 must have a legal guardian or responsible adult sign this form, accepting responsibility for materials borrowed.  Adult Name:	□ All Acce	ess 🗆 Computer Only 🗆	No Computer	$\square$ Print Only	□ No Audio/Visual	
this form, accepting responsibility for materials borrowed.  Adult Name:	Would you like your minor's photo on their account? $\square$ Yes $\square$ No					
Adult Signature: Date:	Adult Name:					
	Adult Sign	nte:				

Related accounts:

**Library Staff Use Only** Student account?  $\square Y \square N$ 

Updated account?  $\square$  Y  $\square$  N