



Card Application

Card Number: 23002

Staff Initials:

Name: _____

First/Preferred

Middle

Last

Primary

Address: _____

Street Address

City/County

State

Zip

Mailing

Address: _____

(If Different)

Street Address

City/County

State

Zip

Phone: (____) _____ - _____ Select one: Home Work Cell Other

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 EmailAn item you requested is available: Text Email Phone CallWould you like your receipt emailed to you after checking out? Yes NoWould 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/VisualWould 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: _____

Adult Signature: _____ Date: _____

Library Staff Use OnlyStudent account? Y NUpdated account? Y N

Related accounts: