

LIBRARY CARD APPLICATION

Applicant must show proof of address and photo ID.

Please print clearly

Last Name: _____

First Name: _____

Middle Name: _____

Date of Birth: _____

Street Address: _____

City and State: _____

Zip Code: _____

Phone: _____

E-mail: _____

Email notices are sent as a courtesy and not shared with third parties.

I agree to be responsible for all materials borrowed on this card, all charges for overdue fines or loss/damage to materials, and to give prompt notice of any change of address or loss of library card. Library cards expire annually.

SIGNATURE _____

Staff Use Only

Date: _____

Card #: _____

ID Type: _____

ID # _____

- R Resident
- NR Non – resident
- L Limited use Card
- POA Proof of address

Staff: _____

