### **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	
Birthdate: / / Female  Male	] <b>n/a</b>	Age Group: 0-1	7 🗌 18-61	62+
Mailing Address:				
Street, RR/Fire Number or P.O. Box	City or	Village Stat	e Zip	)
County of Residence: Town	ship:			-
Residential Address: (Complete if different from mailing add	lress)	(if outside city/village lim	ts)	
Street, RR/Fire Number or P.O. Box City or Vill	lage	Stat	e Zi	p
Email	🗆 (	Check for 2 day Pre-	overdue notice	e (only via email)
Phone: () 0	Cell: (	)		
I would prefer to be notified of my holds by: [CHOOSE O	NE]			
Email (same day notification)				
Text (next day notification, cell phone only)				
□ Phone call (next day notification) Select one: □	Cell 🗌	Land line		
□ No hold notices				
I prefer to pick up my holds at:				
(Name of Li	brary or Bo	okmobile stop)		
<ul> <li>ACCEPTANCE OF RESPONSIBILITY (Read carefully I will be responsible for all materials checked out on this card, in unless I have previously reported the loss of my card.</li> <li>I will report a lost or stolen card, or any change of personal infor I will comply with all library rules and policies.</li> <li>I understand that there will be charges for overdue, lost, damage I understand that the library provides access to a broad range of children or minor dependents what resources are appropriated</li> </ul>	ncluding ma mation (nar ed and stole f resources	ne, address, phone, ema en library materials. and that it is my respons	ail), immediately.	-
PATRON SIGNATURE:		Date	ə:	
FOR JUVENILES (AGE 0-13), PLEASE COMPLETE:				
Parent or Legal Guardian Signature:				
Please print Parent or Legal Guardian Name:				
Type of registration:		Staff initials/LIB ve	rifying ID:	
New patron Address change		Proof of current ac		
Lost card Renewal		Patron Category:		
Name Change (Former name	)	PSTAT (Sort 1):		
		Photo ID type:		
Send application to library of residence:	<u> </u>	(optional) ID #:		
Patron has been issued card with barcode			from	7/1

# 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		
Birthdate: / / Female	□ N/A	Age Group:	0-17	18-61	62+	
Mailing Address:						
Street, RR/Fire Number or P.O. Box	City c	r Village	State	Zip	1	
County of Residence: To	wnship:					
Residential Address: (Complete if different from mailing a	address)	(if outside city/	village limits)			
Street, RR/Fire Number or P.O. Box City or	Village		State	Zij	0	
Email	🗆	Check for 2 d	ay Pre-ove	erdue notice	e (only via email)	
Phone: ()	_ Cell: (	)				
I would prefer to be notified of my holds by: [CHOOSE	ONE]					
Email (same day notification)						
Text (next day notification, cell phone only)						
Phone call (next day notification) Select one:	🗌 Cell 🗌	Land line				
□ No hold notices						
I prefer to pick up my holds at:		ookmobile stop)				
ACCEPTANCE OF RESPONSIBILITY (Read careful I will be responsible for all materials checked out on this card unless I have previously reported the loss of my card. I will report a lost or stolen card, or any change of personal in I will comply with all library rules and policies. I understand that there will be charges for overdue, lost, dam I understand that the library provides access to a broad range children or minor dependents what resources are appropriate	l, including m nformation (n naged and sto e of resource	ame, address, ph blen library materi s and that it is my	one, email), als. / responsibi	immediately.		
PATRON SIGNATURE:			Date:			
FOR JUVENILES (AGE 0-15), PLEASE COMPLETE						
Parent or Legal Guardian Signature					· · · · · · · · · · · · · · · · · · ·	
Please print Parent or Legal Guardian Name:					······	
Type of registration:		Staff initials	/LIB verify	ying ID:		
New patron Address change		Proof of cu				
Lost card Renewal						
Name Change (Former name	)					
Oracle and the time to like any finite						
Send application to library of residence:	<u> </u>	(optional) II	ש:			
Patron has been issued card with barcode				from	. 7/10	

# 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	
Birthdate: /// / Female Male	] N/A	Age Group:	0-17	18-61	62+
Mailing Address:					
Street, RR/Fire Number or P.O. Box	City o	r Village	State	Zip	)
County of Residence: Town	ship:				-
Residential Address: (Complete if different from mailing add	ress)	(if outside city/	village limits)		
Street, RR/Fire Number or P.O. Box City or Villa	age		State	Zi	р
Email	🗆	Check for 2 d	ay Pre-ov	erdue notice	e (only via email)
Phone: () C	Cell: (	)			
I would prefer to be notified of my holds by: [CHOOSE OI					
Email (same day notification)	-				
Text (next day notification, cell phone only)					
□ Phone call (next day notification) Select one: □	Cell 🗌	I and line			
□ No hold notices					
I prefer to pick up my holds at:					
(Name of Lik	orary or B	ookmobile stop)			
<ul> <li>ACCEPTANCE OF RESPONSIBILITY (Read carefully         <ul> <li>I will be responsible for all materials checked out on this card, in             unless I have previously reported the loss of my card.</li> <li>I will report a lost or stolen card, or any change of personal inform             I will comply with all library rules and policies.</li> <li>I understand that there will be charges for overdue, lost, damage             I understand that the library provides access to a broad range of             children or minor dependents what resources are appropriate</li> </ul> </li> </ul>	cluding mation (na ed and sto f resource	ame, address, ph blen library mater s and that it is m	ione, email) ials. y responsibi	immediately.	
			Date:		
FOR JUVENILES (AGE 0-17), PLEASE COMPLETE:					
Parent or Legal Guardian Signature:					
Please print Parent or Legal Guardian Name:					
Please print Parent or Legal Guardian Name:					
FOR LIBRARY STAFF ONLY:		Ctoff initials		ing ID.	
Type of registration:		Proof of cu			
□ Lost card □ Renewal					
Name Change (Former name	)				
	/				
Send application to library of residence:					
Patron has been issued card with barcode					. 7/1