LIBRARY CARD APPLICATION



IDENTIFICATION REQUIRED:

- Photo I.D. (i.e. Driver's license, state I.D. card)
- Derived Proof of Current Address (i.e. Driver's license, state I.D., recent mail, check book)

PATRON INFORMATION (please print):

Name:						
Last	I		Middle			
Birthdate: / / Female	☐ Male	Age Group:	0-17	18-61	62+	
Mailing Address:						
Street, RR/Fire Number or P.O. Box		City or Village		State	Zip	
County of Residence:	Township:		ide city/village	- 1' '1 -)		
Residential Address: (Complete if different from m	nailing address)		ide city/village	e limits)		
Street, RR/Fire Number or P.O. Box	City or Village			State	Zip	
Primary Phone*: () Email Address:						
Secondary Phone: ()	Extens	sion:				
I would prefer to be notified of my holds by:	Email	Phone*	Text	I		
Library (or bookmobile stop) where I would prefe	er to pick up m	y holds:			_	
 I will comply with all library rules and policies. I understand that there will be charges for overdute I understand that the library provides access to a for my children or minor dependents what resources 	a broad range of r	esources and tl	hat it is my r	esponsibility to	o judge for myself and	
PATRON SIGNATURE:			Date:			
FOR JUVENILES (AGE 0-13), PLEASE COM	PLETE:					
Parent or Legal Guardian Signature:						
Please print Parent or Legal Guardian Name:						
FOR LIBRARY STAFF ONLY:						
Type of registration:		Staff	initials/LIP	s verifvina IC):	
New patron Address change				address [
□ Lost card □ Renewal				1.		
Name Change (Former name						
Send application to:						
Patron has been issued card with barcode			from			
Issue a card with this barcode and mail card	to patron					