YOUR Public Library

Library Card Application

***Please Print***

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| --- | --- | --- | --- | --- |
| First Name: (Full Legal Name) | Middle Name: (Required) | Last Name: | | |
| Mailing Address: | | | Apt/Space/Unit No. | |
| City: | | State: | Zip Code: | |
| Telephone: Home: ( ) Work: ( ) Cell: ( ) | | | | |
| E-Mail Address: | | | Birth Date: (Month/Day/Year) | |
| *Would you like us to keep a history of the items you have checked out with your card? Yes No* | | | | |
| **Parent or Guardian of Applicant (under Age 18)** | | | | |
| First Name: | Middle Name: (Required) | Last Name: | | |
| Address: (If different from applicant) | | | Apt/Space/Unit No. | |
| City: | | State: | Zip Code: | |
| **Residential Address If Different from Above** | | | | |
| Residential Address: | | | Apt/Space/Unit No. | |
| City: | | State: | Zip Code: | |
| **Acceptance of Responsibility**   * **I will be financially responsible for all materials borrowed and any fines accrued on this card.** * **I will report a lost card or any change in address immediately.** * **I release the library from any liability for damages occurring from any materials borrowed.** * **Parents are solely responsible for their child’s use of library materials.** | | | | |
| **Signature of APPLICANT:** | | | | |
| **Signature of PARENT/GUARDIAN:** | | | | |
| **Preferred Method of Notification**  *Please let us know how you would like to be contacted for available holds and overdue notices:* ***(check only one)***    *Language for Phone:*  *□ English*  *□ Spanish*  *□ Portuguese*  *□ Phone* ( )  *□ Email*  *□ Text Message (SMS)* Cell: ( ) | | | | **Alternate ID**  ***(for e-catalog sign-in)***  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  You can request an Alternate ID to use instead of your library card number for signing into the library catalog.  An Alternate ID is like a username or nickname; it can include both numbers and letters. ***(up to 10 digits)*** |