

Library Card Application

Name: _____
First Middle Last

Parent's Name (If under 18) _____
First Middle Last

Address _____

City _____ State _____ Zip _____ County _____

Phone _____ Second Phone _____

E-Mail _____

Birthdate ____/____/____

I accept full responsibility for all use made of my library card and will immediately report loss or unauthorized use of my library card to the library. I understand that the library will pursue means available to reclaim unreturned materials.

Patron Signature _____ Date ____/____/____
(Or parent's signature if applicant is under 12 years of age)

Parent's Name (print) _____ Parent's Card # _____

Pin # _____
(Choose a four digit pin number of your choice)