

LIBRARY CARD APPLICATION

(Please Print)

Last Name _____ First _____ MI _____

DOB ____/____/____ Male Female DL# _____ State _____
month/ day / year

Mailing Address _____ APT # _____

City _____ State _____ Zip _____

Phone # _____ Alternate Phone # _____

Home Address if different from above:

Address _____ APT # _____

City _____ State _____ Zip _____

I Agree to: Accept responsibility for any use of this card
 Follow library policies and procedures
 Present card for account transactions
 Pay all fees and fines/Report lost or stolen card
 Report change of address, name or phone number

Check If Card Is for Minor (under 18 yrs old) and continue completing form:
Parent/Legal Guardian Name & DL# (Please Print) _____

_____ **I Authorize Internet Access.**

_____ **I Do Not Authorize Internet Access.**