

Adult Library Card Online Application

APPLICANT INFORMATION			
Last Name	First Name		Middle Name
Address			Primary Phone
Address Line 2			Alt Phone
City	State	Zip	Date of Birth
Email Address:			

ALTERNATE CONTACT		<i>Friend, neighbor, or relative at a DIFFERENT address—local preferred but not required</i>
Last Name	First Name	Phone

PIN / PASSWORD	<i>4-32 characters, combination of numbers & letter, case-sensitive</i>

NOTIFICATIONS	<i>Print Email Text Digest</i>				
Items Due	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Cell service company if selected text</i>
Advance Notice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Number of days in advance sent</i>
Holds Filled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Primary method of contact for holds</i>
Check-Out / Renewal Receipt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Check-In Receipt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

I accept responsibility for all materials borrowed on the library card issued, agree to follow all library rules, and promise to pay promptly all fees for lost or damaged materials. Fees totaling \$10.00 on this card (plus any attached accounts) will block checking out more materials and use of patron computers. Lost or damaged items will be billed to my account. I will report a change of address or a lost card immediately. A fee is charged to replace lost cards. I give permission to _____ to

COLLEGE STUDENTS ONLY		<i>Permanent address if different from current address</i>		
Street	City	State	Zip	

Signature:	Date:
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STAFF USE ONLY
City Adult
Other Adult
Teacher / Faculty / Admin

STAFF USE ONLY		
ID with current address		
Library Card Barcode: 100302502		
Staff	Verified	Date Issued: