



Library Card Application - Limited Minor

Please apply in person.

APPLICANT DETAILS

FIRST NAME		MIDDLE NAME	
LAST NAME		BIRTHDAY	
SCHOOL		GRADE	
PARENT/GUARDIAN FIRST NAME		PARENT/GUARDIAN LAST NAME	
EMAIL ADDRESS		PHONE NUMBER	

CURRENT ADDRESS (if different from Home Address)		APT / SUITE / P.O. BOX / OTHER	
CITY	STATE	ZIP CODE	

HOME ADDRESS		APT / SUITE / P.O. BOX / OTHER	
CITY	STATE	ZIP CODE	

NOTIFICATION OPTIONS: Choose only one and provide corresponding information.

<input type="checkbox"/> 1. EMAIL me reminders for holds and due dates.	<input type="checkbox"/> 3. Send me reminders for holds and due dates via USPS MAIL
<input type="checkbox"/> 2. EMAIL and TEXT me reminders for holds and due dates.	<input type="checkbox"/> 4. Send me reminders for holds and due dates via USPS MAIL and TEXT
EMAIL ADDRESS (for options 1 & 2) <i>required for EMAIL notifications</i>	
PHONE NUMBER (for options 2 & 4) <i>required for TEXT notifications</i> CELL PHONE CARRIER (Verizon, AT&T, etc.) <i>Carrier rates apply</i>	

**Borrowing limited to 3 youth print materials at a time.*

SIGNATURE

By signing this form, I agree that I am responsible for all use of this Library Card. I will report the loss of the card immediately, and I am responsible for all charges that occur before my card is reported LOST.

APPLICANT SIGNATURE

DATE

STAFF USE

PATRON BARCODE	PATRON CODE	STATISTICAL CLASS
PHOTO ID CODE	PHOTO ID EXPIRATION DATE	
(not required)	(not required)	

staff initials _____ date _____