

Branch: _____
 Date: _____
 User ID/Group ID: _____

Library Card Application

The Library Requires I.D. and/or written proof of current address.

FIRST NAME	MIDDLE INITIAL	LAST NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>

DEMOGRAPHIC INFORMATION (Please circle one)

Male/Female Notification: Email/Phone/Text/Paper OptIn/OptOut

Month Date Year

<input type="text"/>	<input type="text"/>	<input type="text"/>
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PHONE NUMBER --

CURRENT MAILING ADDRESS (House number and street, please include an apartment # or PO Box)

CITY	COUNTY	STATE	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

EMAIL

REFERENCE (Can't live in the same household) PHONE NUMBER --

FIRST NAME	LAST NAME
<input type="text"/>	<input type="text"/>

CITY	STATE	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>

CHILDREN

FIRST NAME and MIDDLE INITIAL	LAST NAME	BIRTHDATE
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

CHILDREN AGES 14 AND UNDER REQUIRE A PARENT OR LEGAL GUARDIAN'S SIGNATURE

For Parents or Legal Guardians (Circle One) MOTHER/FATHER/GUARDIAN of the minor child applying for this card. I accept full responsibility for my card and my child's use of card and agree to pay any fees or charges incurred by me or my child.

Responsible Party Name—Print _____

Responsible Party Name—Sign _____

(Must be signed in the presence of library staff)

Juvenile Internet Form Yes/No

FOR THOSE WHO DON'T OWN PROPERTY IN ATOKA, CARTER, JOHNSTON, LOVE, OR MURRAY COUNTIES BUT WORK IN OR ATTEND AN INSTITUTE OF HIGHER LEARNING, PLEASE COMPLETE THE FOLLOWING.

BUSINESS / SCHOOL NAME _____ PHONE NUMBER --