



Library Card Application

The library requires I.D. and written proof of current address.

*LAST NAME

*FIRST NAME

*MIDDLE NAME

*CURRENT MAILING ADDRESS (House number and street or PO Box)

APARTMENT #

*CITY

*COUNTY

*ZIP CODE

*HOME PHONE NUMBER

*CELL OR WORK PHONE NUMBER

Choose a 4-Digit Pin for holds & online account access.

BIRTH DATE

Month

Day

Year

Identification (Social Security No.)

EMAIL ADDRESS

REFERENCE (Can't live in the same household)

LAST NAME

FIRST NAME

PHONE NUMBER

ADDRESS

CITY

ZIP CODE

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

PARENT / LEGAL GUARDIAN'S NAME - PRINT

FOR PARENTS OR LEGAL GUARDIANS: (CIRCLE ONE) I AM THE **MOTHER** / **FATHER** / **LEGAL GUARDIAN** of the minor child applying for this card. I accept full responsibility for my child's use of card and agree to pay any fines or charges incurred by my child.

PARENT / LEGAL GUARDIAN'S SIGNATURE:

(MUST BE SIGNED IN PRESENCE OF LIBRARY STAFF)

FOR THOSE WHO DON'T OWN PROPERTY BUT WORK OR GO TO SCHOOL IN ATOKA, CARTER, JOHNSTON, LOVE OR MURRAY COUNTIES:

BUSINESS / SCHOOL NAME:

BUSINESS / SCHOOL TELEPHONE

BUSINESS / SCHOOL ADDRESS:



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