

library card #



Photo

<p>STAFF USE ONLY</p> <p>ID Verified <input type="checkbox"/></p> <p>Please check the box when you have verified ID</p> <p>***Patron Identifier Link is the library card #!***</p>

Library Card Application

(Please Print)

****Today's Date:** _____

Last Name: _____ **First Name:** _____ **M.I.:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

E-Mail Address: _____ @ _____

Your email address will be used for library communications only.

Telephone: *(Please check one of most importance)*

HOME (____) _____ WORK (____) _____ MOBILE (____) _____

Phone Carrier: (circle one) **ATT, SPRINT, VERIZON,**
STRAIGHT TALK, T-MOBILE OTHER _____

Are you over 14? YES NO

Employment/School: _____

Parent/Guardian/Spouse (circle one): _____

Reference *(Ohio County Resident not living with you)* Name: _____

Address: _____ City: _____ Zip: _____ Telephone: (____) _____

I agree to be responsible for all library materials checked out on my card, to observe library rules, and to notify the library of any changes of my name or my address. I also know that no one else can use my library card. As a parent or guardian, I agree to be responsible for all library materials checked out by this child and know that the materials this child selects are not the responsibility of the library. The replacement fee for lost or damaged library card is \$2.00.

Signature: _____