

Library Card Application

Print Full Name: _____

Home Address (Not P.O. Box) _____

City _____ **State** _____ **Zip Code** _____ **Telephone** _____

Mailing Address (if not the same as above) _____

City _____ **State** _____ **Zip Code** _____ **Telephone** _____

Business Name & Address _____

City _____ **State** _____ **Zip Code** _____ **Telephone** _____

e-Mail Address _____

Birth Year _____ **Sex** _____ **Race** _____

Name of Parent or Guardian (if child under 12) _____

It is the responsibility of the library card holder to return all books and materials on time and in good condition. This is a free service of your public library for everyone who lives within the city limits.

For Library Use Only

_____**Driver's License Number** _____

_____**Utility Bill** _____

_____**Other** _____

Staff Initials: _____ **Date:** _____