**ROSEVILLE PUBLIC LIBRARY**

DATE: \_

CARD #: \_\_\_

STAFF INITIALS:

**LIBRARY CARD APPLICATION**

**(ADULTS 18 YEARS OF AGE AND OLDER)**

*(The name on your library card application must be the name used on your official photo identification.)*

First Name: Middle Name:

Last Name:

DL# or State ID#:

Other Form of Identification according to Library Cooperative Policy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pin #: Birth Date:

Gender: M □ F □ Phone #:

Apt. or Lot #:

Address:

City or Township: Zip Code:

Email Address:

**I give the library permission to send me email messages to the address above regarding**

**upcoming library programs and events. YES NO**

**I wish to be notified of holds, overdue materials or bills by: Text Phone Email**

Mobile Phone # for Text Notification:

*(Your phone service may charge for these messages)*

**For Adults:**

I accept responsibility for this library card and agree to abide by the rules and regulations of the library. I agree to return materials in good condition, pay all bills charged to my card and to give immediate notice of a lost or stolen card or change of contact information. Library cards are non-transferable and I acknowledge that I am the only person who may use this card to check out materials or access library computers. The library uses a collection agency to assist in collecting unpaid bills on library cards.

I allow \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to be an authorized user on my account. An authorized user may check out my available holds on my behalf with this card; however they may not use this card to place holds or check out other materials.

**Signature:**