



**(Adult) Library Card Application**  
(18 YEARS OF AGE AND OLDER)

(STAFF USE ONLY)

DATE: \_\_\_\_\_

CARD No.: \_\_\_\_\_

STAFF INITIALS: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Driver's License/State ID: \_\_\_\_\_

PIN (4-digits): \_\_\_\_\_ Birth Date: \_\_\_\_\_

Apt. or Lot #: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City/Township: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

**ACCOUNT PREFERENCES**

- ◆ I wish to receive **Checkout Receipts** via:     Email    Text    Both    NONE
- ◆ I wish to receive **Account Notifications** via:    Email    Text (Wireless Carrier) \_\_\_\_\_
- ◆ I would like my **Reading History** to be retained:    YES    NO
- ◆ I would like to receive the library's newsletter via email:     YES    NO
- ◆ I authorize \_\_\_\_\_ **to discuss this account on my behalf.**  
(The person listed above has permission to pick up my library materials when I am unable to do so)

**PLEASE READ:**

By signing this application, I hereby acknowledge that I am the named cardholder as listed above. I accept full 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 and pay any/all fees billed to my library account. It is my responsibility to notify the library when my contact information has changed and to report my library card as lost or stolen. Library cards are non-transferable.

**Signature:** \_\_\_\_\_