ROSEVILLE PUBLIC LIBRARY

(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 ☐ NONE
- I wish to receive **Account Notifications** via: ☐ Email ☐ Text
- 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: _____