



APPLICATION FOR LIBRARY MEMBERSHIP

Form may be filled online and printed.

Report lost or stolen cards immediately to avoid being held responsible for materials checked out on your card by a third party.

Start Here. Go Anywhere.

Last Name _____ First Name _____ Middle Name _____ Suffix (Jr., Sr., etc.) _____

Street Address (include apartment number if applicable) _____

City _____ State _____ Zip _____ County _____

Phone Number _____ E-mail address (will be used for library notices and announcements) _____

Date of Birth _____

I want my child to check out only Children's Department DVDs. I certify that my child is under age 17.

or

I allow my child to check out DVDs regardless of rating. (G, PG, PG-13, R, NC-17, Non-rated)

No information in your confidential library records will be disclosed to a third party, except in accordance with proper judicial order. We cannot disclose your confidential library records to you over the phone without proper identification.

Signature (parent/guardian if under 18) _____ Date _____

FOR LIBRARY USE ONLY

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Identification _____ Member # _____ Profile _____ Initial _____