

# LIBRARY CARD APPLICATION

SOUTH CENTRAL LIBRARY SYSTEM

## IDENTIFICATION REQUIRED:

- **Photo I.D.** (i.e. Driver's license, state I.D. card)
- **Proof of Current Address** (i.e. Driver's license, state I.D., recent mail, checkbook)

## PATRON INFORMATION (please print):

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

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Female  Male  N/A Age Group:  0-17  18-61  62+  
Month Day Year

Mailing Address: \_\_\_\_\_  
Street, RR/Fire Number or P.O. Box City or Village State Zip

County of Residence: \_\_\_\_\_ Township: \_\_\_\_\_

Residential Address: (Complete if different from mailing address)

\_\_\_\_\_  
Street, RR/Fire Number or P.O. Box City or Village State Zip

Email \_\_\_\_\_  Check for 2-day Pre-overdue notice (only via email)

I Want To Receive The Monthly E-Newsletters  Yes  No Thanks

Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

I would prefer to be notified of my holds by: [CHOOSE ONE]

- Email (same day notification)
- Text (next day notification, cell phone only)
- Phone call (next day notification) Select one:  Cell  Land line
- No hold notices

I prefer to pick up my holds at: \_\_\_\_\_  
(Name of Library or Bookmobile stop)

## ACCEPTANCE OF RESPONSIBILITY (Read carefully!)

- I will be responsible for all materials checked out on this card, including materials checked out by others with or without my consent, unless I have previously reported the loss of my card.
- I will report a lost or stolen card, or any change of personal information (name, address, phone, email), immediately.
- I will comply with all library rules and policies.
- I understand that there will be charges for overdue, lost, damaged and stolen library materials.
- I understand that the library provides access to a broad range of resources and that it is my responsibility to judge for myself and for my children or minor dependents what resources are appropriate for my/our personal use.

PATRON SIGNATURE \_\_\_\_\_ Date: \_\_\_\_\_

## FOR JUVENILES (AGE 0-15), PLEASE COMPLETE:

Parent or Legal Guardian Signature: \_\_\_\_\_

Please print Parent or Legal Guardian Name: \_\_\_\_\_

## FOR LIBRARY STAFF USE ONLY:

Type of registration:  
\_\_\_ New patron \_\_\_ Address change  
\_\_\_ Lost \_\_\_ Renewal  
\_\_\_ Name Change (Former name \_\_\_\_\_)

Staff initials/LIB verifying ID: \_\_\_\_\_  
Proof of current address   
Patron Category: \_\_\_\_\_  
PSTAT (Sort 1): \_\_\_\_\_  
Photo ID type: \_\_\_\_\_

Send application to library of residence: \_\_\_\_\_

\_\_\_ Patron has been issued card with barcode \_\_\_\_\_ from \_\_\_\_\_.