

The Library Network
APPLICATION FOR BORROWERS CARD

(please print - information will be confidential)

BARCODE LABEL

1 Applicant's legal name _____ / M / F
last first middle circle one

Address _____
number street apartment #
city zip code phone

Birthdate: Month _____ Day _____ Year _____ City/Township to which property tax is paid _____

2 If applicant is under 18 years of age or legally incompetent, please read and complete the reverse.

3 If applicant resides outside The Library Network community, please complete this section.

Business/school name _____

Business/school/temporary address _____
number street apt./suite
city zip code phone

Temporary address valid from: Month _____ to _____ City/Township to which property tax is paid _____

4 E-Mail Address _____ Valid from _____ to _____
MM / DD / YYYY MM / DD / YYYY

5 Statement of Responsibility

If applicant is under 18 years of age or legally incompetent, please complete section b, otherwise complete section a.

a. I certify that the information on this form is correct. I accept responsibility for those materials borrowed on the library card issued from this application. Responsibility for the choice of materials borrowed rests with the person(s) whose signature(s) appear on the line below and not with the library system or its staff.

applicant's legal signature

b. I certify that the information on this form is correct. I accept responsibility for those materials borrowed on the library card issued from this application before the applicant turns 18 years of age or otherwise becomes legally competent. Responsibility for the choice of materials borrowed rests with the person(s) whose signature(s) appear on the line below and not with the library system or its staff.

parent/legal guardian's signature

DO NOT WRITE BELOW THIS SECTION

Registration date: _____ Expiration date: Month _____ Day _____ Expiration year _____

Patron Class:

- 1. ___(G)eneral
- 2. ___(L)ibrary staff
- 3. ___(N)on-resident
- 4. ___(T)emporary
- 5. ___(C)ontract
- 6. ___(B)lind, physically handicapped, learning disabled
- 7. ___(I)nstitution
- 8. ___(S)chool
- 9. ___(F)aculty

Verification:

- a. ___Drivers license # _____
- b. ___Student ID
- c. ___Business stationery
- d. ___Voter registration
- e. ___Tax receipt
- f. ___Other

Authorized by _____