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, check book)

PATRON INFORMATION (please print):

Name: ______________________________________________________________________________________________

Last                                                             First                                              Middle

Birthdate: ____ / ____ / ____  ☐ Female ☐ Male  Age Group: ☐ 0-17  ☐ 18-61  ☐ 62+

Mailing Address: ________________________________________________________________

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

County of Residence: ____________________________ Township: _________________________________

(if outside city/village limits)

Residential Address: (Complete if different from mailing address)

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

Primary Phone*: (____) ___________________________  Email Address: ____________________________

Secondary Phone: (____) ___________________________  Extension: _____________________________

I would prefer to be notified of my holds by: ☐ Email  ☐ Phone*  ☐ Text

Library (or bookmobile stop) where I would prefer to pick up my holds: _______________________

ACCESSION 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 con-
  sent, 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 0-13), PLEASE COMPLETE:

Parent or Legal Guardian Signature: ________________________________________________________________

Please print Parent or Legal Guardian Name: __________________________________________________________

FOR LIBRARY STAFF ONLY:

Type of registration:  ☐ New patron  ☐ Address change  ☐ Lost card  ☐ Renewal  ☐ Name Change (Former name ____________________________ )

Staff initials/LIB verifying ID: __________________________

Proof of current address ☐

Patron Category: __________________________

PSTAT (Sort 1): __________________________

Photo ID type: __________________________

(optional) ID #: __________________________

Send application to: __________________________

 Patron has been issued card with barcode __________________________ from _______.

 Issue a card with this barcode and mail card to patron

(staple barcode label here)

12/12
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- 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, check book)

PATRON INFORMATION (please print):

Name: ______________________________________________________________________________________________

Last                                                            First                                                Middle

Birthdate: _____ / _____ / _____

Month   Day   Year

Female ☐     Male ☐

Age Group:  ☐ 0-17  ☐ 18-61  ☐ 62+

Mailing Address: _____________________________________________________________________________________

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

County of Residence: ________________________________ Township: ________________________________

(If outside city/village limits)

Residential Address: (Complete if different from mailing address)

___________________________________________________________________________________

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

Primary Phone*: (____) ________________________

Email Address: _________________________________________

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I would prefer to be notified of my holds by: ☐ Email    ☐ Phone*    ☐ Text

Library (or bookmobile stop) where I would prefer to pick up my holds: __________________________

(Translation)

ACCEPTANCE OF RESPONSIBILITY (Read carefully!)
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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 ONLY:

Type of registration:       Staff initials/LIB verifying ID: __________________________

☐ New patron               Proof of current address ☐

☐ Address change

☐ Lost card

☐ Renewal

☐ Name Change (Former name ________________________________)

PSTAT (Sort 1): ________________________________

Send application to: __________________________________________

(optional) ID #: __________________________

☐ Patron has been issued card with barcode ________________________________ from ________.

☐ Issue a card with this barcode and mail card to patron

12/12

(staple barcode label here)
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SOUTH CENTRAL LIBRARY SYSTEM

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☐ 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, check book)

PATRON INFORMATION (please print):

Name: ____________________________________________

Last                                                           First                                               Middle

Birthdate: ____  /  ____  /  ____  ☐ Female  ☐ Male  Age Group:  ☐ 0-17  ☐ 18-61  ☐ 62+

Mailing Address: ____________________________________________

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

County of Residence: ___________________________ Township: ___________________________

(if outside city/village limits)

Residential Address: (Complete if different from mailing address)

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

(if outside city/village limits)

Primary Phone*: (____) __________________________  Email Address: ____________________________

Secondary Phone: (____) __________________________

I would prefer to be notified of my holds by:  ☐ Email  ☐ Phone*  ☐ Text

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PATRON SIGNATURE: ____________________________________________ Date: ______________________

FOR JUVENILES (AGE 0-17), PLEASE COMPLETE:

Parent or Legal Guardian Signature: ____________________________________________

Please print Parent or Legal Guardian Name: ____________________________________________

FOR LIBRARY STAFF ONLY:

Type of registration:                                         Staff initials/LIB verifying ID: __________________________

☐ New patron  ☐ Address change

☐ Lost card  ☐ Renewal

☐ Name Change (Former name ____________________________)

Proof of current address  ☐

Patron Category: __________________________

PSTAT (Sort 1): __________________________

Photo ID (Sort 1): __________________________

(optional) ID #: __________________________

Send application to: __________________________________________

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