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):	:
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Name:				
Last	First		Middle	е
Birthdate: / /	e Age Group	o: 0-17	☐ 18-61	☐ 62+
Mailing Address:				
Street, RR/Fire Number or P.O. Box	City or Village	S	tate	Zip
County of Residence: Tov	wnship:			
Residential Address: (Complete if different from mailing a		tside city/village I	limits)	
Street, RR/Fire Number or P.O. Box City or	Village	S	tate	Zip
Primary Phone*: () Er	nail 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 pi				
, , , , , , , , , , , , , , , , , , ,		(Library)		
 I will report a lost or stolen card, or any change of persor I will comply with all library rules and policies. I understand that there will be charges for overdue, lost, I understand that the library provides access to a broad r for my children or minor dependents what resources are 	damaged and stolen ange of resources ar	library material nd that it is my r	s. responsibility	·
PATRON SIGNATURE:		Da	ate:	
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:				<u>):</u>
New patron Address change		of of current		
Lost card Renewal				
☐ Name Change (Former name				
Send application to:	(opt	ional) ID #: _		
☐ Patron has been issued card with barcode			fr	om
Issue a card with this barcode and mail card to pat				

(staple barcode label here)

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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: / /	Male Age	Group : □ 0-17	□ 18-61	□ 62+
Mailing Address:				
Street, RR/Fire Number or P.O. Box	City or Villa	ge S	State	Zip
County of Residence:	Township:			
Residential Address: (Complete if different from mailing	ng address)	(if outside city/village	limits)	
Street, RR/Fire Number or P.O. Box	City or Village	State		Zip
Primary Phone*: ()	Email Address	3 :		
Secondary Phone: ()				
I would prefer to be notified of my holds by: \Box	mail 🔲 P	hone* Text		
Library (or bookmobile stop) where I would prefer to	o pick up my ho	olds:		_
 I will report a lost or stolen card, or any change of pe I will comply with all library rules and policies. I understand that there will be charges for overdue, le I understand that the library provides access to a bro for my children or minor dependents what resources 	ost, damaged and bad range of resou	stolen library materia	ils. responsibility to	·
PATRON SIGNATURE:		D	ate:	
FOR JUVENILES (AGE 0-15), PLEASE COMPLE	TE:			
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		Proof of current	—	
Lost card Renewal		Patron Category	y:	
☐ Name Change (Former name)			
Send application to:				
Patron has been issued card with barcode			fron	n
☐ Issue a card with this barcode and mail card to	patron			

(staple barcode label here)

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., received)	ent mail, chec	sk book)			
PATRON INFORMATION (please print):					
Name:					
Last First			Middle		
Birthdate: / / Female Male Age Month Day Year	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:					
Residential Address: (Complete if different from mailing address)	(if outside city	//village limits)			
Street, RR/Fire Number or P.O. Box City or (if outside city/	Village village limits)	State	Zip		
Primary Phone*: () Email Addres	ss:				
Secondary Phone: ()					
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 ho	olds:		_		
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 0-17), PLEASE COMPLETE:					
Parent or Legal Guardian Signature:			· · · · · · · · · · · · · · · · · · ·		
Please print Parent or Legal Guardian Name:					
FOR LIBRARY STAFF ONLY:					
Type of registration:	Staff initia	ls/LIB verifying ID:			
New patron Address change	Proof of current address				
☐ Lost card ☐ Renewal	Patron Ca	ategory:			
□ Name Change (Former name)					
Send application to:					
Patron has been issued card with barcode		fron	n		
☐ Issue a card with this barcode and mail card to patron					

(staple barcode label here)