



Library Card Application

PLEASE PRINT (* DENOTES REQUIRED FIELDS)

Name*

LAST FIRST

Mailing Address*

NUMBER AND STREET OR PO BOX

CITY STATE ZIP

Physical Address

(if different from above)

NUMBER AND STREET

CITY STATE ZIP

Phone*

Email

Birthdate*

____/____/____

STAFF USE ONLY

DATE _____

EXP DATE _____

BRCD _____

ID # _____

TEMP

ADULT

PTYPE MINOR

SENIOR

VISITOR

CITY LIMITS

Initial

Would you like to receive library news and event information by email? YES

NO

Parent's/Guardian's Name _____

(if less than 18 years old)

I AGREE TO FOLLOW LIBRARY RULES, BE RESPONSIBLE FOR MATERIALS THAT ARE CHARGED TO THIS CARD, AND NOTIFY THE LIBRARY WHEN ANY INFORMATION I HAVE GIVEN IS CHANGED. I UNDERSTAND THAT I AM TO NOTIFY THE LIBRARY IF THIS CARD IS LOST OR STOLEN.

I UNDERSTAND THAT I MUST BRING MY LIBRARY CARD EACH TIME I VISIT THE LIBRARY TO CHECK OUT MATERIALS OR USE THE INTERNET/COMPUTERS.

X _____ X _____

SIGNATURE OF PATRON

SIGNATURE OF PARENT/GUARDIAN IF PATRON IS LESS THAT 18 YEARS OLD

LIBRARY USERS, REGARDLESS OF AGE, HAVE ACCESS TO ALL LIBRARY MATERIALS.

WELCOME TO THE SOLDOTNA PUBLIC LIBRARY!