

Harriette Person Memorial Library

Adult Library Card Application

Please print and fill out form completely.

Name: _____

Telephone No.: _____ Mobile No.: _____

Mailing Address: _____
(Street/Apartment Number or P.O. Box)

City: _____ State: _____ Zip Code: _____

Home Address: _____
(Street/Apartment Number or P.O. Box)

City: _____ State: _____ Zip Code: _____

Age: 18-25 26-33 34-41 42-49 50-57 58 and over

Applicant's Email Address: _____

Place of Employment: _____

Telephone No.: _____ Alternate No.: _____

Identification Required:

1. Picture ID (MS Driver's License, Military ID, Passport or Student ID)
2. Proof of Address (Rental Agreement, Utility Bill, Preprinted Check, etc.)

Please read carefully and sign if you agree to the **Acceptance of Responsibility** for your Harriette Person Memorial Library Card.

Acceptance of Responsibility: I will be responsible for all materials borrowed on this card. I will report a lost/stolen card or any change of mailing or email address immediately. I understand there is a charge for overdue, lost, damaged and stolen library materials and a replacement fee is charged for a lost or stolen library card. I understand that library cards must be renewed every year. When I sign this application I assume responsibility for anything that anyone checks out on this library card.

Signature: _____ Date: _____

I received a *Membership and Material Policies* sheet. _____ (Applicant's Initials)

STAFF USE BELOW THIS LINE

Card No.: _____ Card Type: _____

Staff Initials: _____ Date Received: _____