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+
  Month Day Year

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: (____) _____

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: _____
                                                                    (Library)

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 0-15), PLEASE COMPLETE:

Parent or Legal Guardian Signature:_____

Please print Parent or Legal Guardian Name: _____