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**   ☐ **N/A**   **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

Email _____   ☐ **Check for 2 day Pre-overdue notice (only via email)**

Phone: (_____) _____   **Cell**: (_____) _____

I would prefer to be notified of my holds by: [CHOOSE ONE]

☐ Email   (same day notification)

☐ Text   (next day notification, cell phone only)

☐ Phone call (next day notification) Select one: ☐ Cell ☐ Land line

☐ No hold notices

I prefer to pick up my holds at: _____
                                                    (Name of Library or Bookmobile stop)

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 initials/LIB verifying ID: _____
☐ New patron   ☐ Address change   Proof of current address ☐
☐ Lost card   ☐ Renewal   Patron Category: _____
☐ Name Change (Former name _____)   PSTAT (Sort 1): _____
                                                                    Photo ID type: _____
Send application to library of residence: _____   (optional) ID #: _____

☐ Patron has been issued card with barcode _____ from _____.   **7/16**