



FIRST NAME		MIDDLE INITIAL	LAST NAME
DATE OF BIRTH ____/____/____	PHONE #		EMAIL (OPTIONAL)

HOME ADDRESS		APT/SPACE NUMBER
CITY	STATE	ZIP

MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS)

CITY	STATE	ZIP
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CONTACT PERSON

NAME OF A PERSON WHO DOESN'T LIVE WITH YOU (ANYONE IN THE USA): _____

ADDRESS _____

PHONE #	CITY	STATE	ZIP
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RELATIONSHIP TO YOU: _____

FOR APPLICANTS UNDER 18, NAME OF PARENT/GUARDIAN: _____

- BY SIGNING BELOW,**
- I accept responsibility for all items borrowed on this card.
 - I will return items by their due dates.
 - I understand that I will be billed for any lost, stolen, or damaged items.
 - I will notify the library if my name, address, phone number, or email changes.

SIGNATURE (OR PARENT/GUARDIAN SIGNATURE FOR THOSE UNDER 18)

SIGNATURE _____ DATE ____/____/____

FOR STAFF

CARD #	ADULT	JUV	LC-ADULT	LC-JUV	HNR	STAFF INITIALS _____
VISITOR: PAID \$5/ (Or \$____) Y / N						CHANGED EXPIRATION DATE? Y / N
						DATE ____/____/____

PASSPORT: HOME LIBRARY: _____ HOME LIBRARY CARD # _____