SOUTH CENTRAL LIBRARY SYSTEM LIBRARY CARD APPLICATION

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 INFORMATIO | ON (please print): | | | | | |
|---|--|--|---|---|--|------------------------|
| Name: | | | PIN: | | | |
| Last | First | Middle Initial | _ | 4 Numbers | | |
| Preferred Name: | | | Birthda | ate: | //_ | |
| | | | | Mont | th Day Year | |
| Mailing Address: | | | | | | |
| | Street, RR/Fire Num | | City or Village | State | Zip | |
| County of Residence: | | Township: | | | | |
| Residential Address: (| Complete if different | from mailing address) | | | | |
| Street, RR/Fire Number | er or P.O. Box | | City or Village | Sta | nte | Zip |
| Contact Phone: (|) | Email Address: | | | | _ |
| I would prefer to be n | otified of my requests | s by: Email Phone | Text Message | | | |
| Library (or bookmobil | e ston) where I would | nrefer to nick un my i | eunests. | | | |
| Library (or bookinosii | e stop, where i would | prefer to pick up my | | e Agency) | | |
| The library messagingIf a text me | vidoes not charge for the connection can also be connection can also be connection can also be connection can be connected as a connection connected as a co | T&T, Boost Mobile, Cir | e billed by my mobile e library will default y ngular, Cricket, Goog | e phone serv our notifica | vice provided tion to the ϵ | r for text email or |
| my consent, unless I will report a lost I will comply with I understand that I understand that myself and or my consent | s I have previously reports or stolen card, or any all library rules and pothere will be charges the library provides achildren or minor deports will receive emails of | for overdue, lost, dama ccess to a broad range endents what resource library events and libra | ord. ormation (name, add nged and stolen librar of resources and tha s are appropriate for ary related activities. | dress, phone ry materials. t it is my res my/our per | , email), imr ponsibility t sonal use. | mediately. |
| FOR JUVENILES (AGE (|)-15), PLEASE COMPLI | | | | | |
| Parent or Legal Guard | iaii Sigriature: | | | | | |

Please print Parent or Legal Guardian Name:

| Name of Child: | | | Birthdate:// |
|---------------------------------------|------------|-------------------------------|------------------------------|
| Last | Firs | t Middle | |
| Preferred Name: | | PIN #: | |
| | | 4 Numbers | Barcode - Staff Use Only |
| | | No. dalla | Birthdate:/ |
| Last | Firs | t Middle | |
| Preferred Name: | | PIN #: | Barcode - Staff Use Only |
| | | 4 Numbers | Bureoue Stair Ose Offing |
| Name of Child: Last | Firs | | Birthdate:// |
| | | | |
| referred Name: | | PIN #: 4 Numbers | Barcode - Staff Use Only |
| Name of Child: Last | | t Middle | Birthdate:// |
| Preferred Name: | | DINI #• | |
| referred Name | | 4 Numbers | Barcode - Staff Use Only |
| • • • • • • • • • • • • • • • • • • • | | • • • • • • • • • • • • • • • | ••••••• |
| | From: | Initial when ID checked: | Date entered: |
| Send to: | | | |
| | Address/Na | ame Change | Lost Card |
| New Registration | | ame Change | Lost Card |