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 INFORMATION (please print):

Name: ___________________________  PIN: _____________
Last            First            Middle Initial                        4 Numbers
Birthdate: _____ / _____ / _____  Female   Male   N/A
            Month Day Year

Mailing Address: __________________________________________
Street, RR/Fire Number or P.O. Box                   City or Village   State   Zip

County of Residence: ___________________ Township: __________________________________________

Residential Address: (Complete if different from mailing address)
Street, RR/Fire Number or P.O. Box                   City or Village   State   Zip

Contact Phone: (_____) ___________________ Email Address: ______________________________________

I would prefer to be notified of my requests by:   Email   Phone   Text Message

Library (or bookmobile stop) where I would prefer to pick up my requests: _______________________
(Home Agency)

TEXT MESSAGE NOTIFICATION ACCEPTANCE OF RESPONSIBILITY (Read carefully!)
• I agree to receive my holds and overdue notices via text message to the phone number I have provided.
• The library does not charge for this service, but I may be billed by my mobile phone service provider for text messaging.
• If a text message connection cannot be established, the library will default your notification to the email or phone number provided on this form.

CELL PHONE PLAN PROVIDER (circle one): AT&T, Boost Mobile, Cingular, Cricket, Google Fi, Republic, Sprint, T-Mobile, US Cellular, Verizon, Virgin Mobile, Other ______________________________
Text Message Authorization Signature: __________________________

• 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 my children or minor dependents what resources are appropriate for my/our personal use.
• I understand that I will receive emails of library events and library related activities.

PATRON SIGNATURE: ___________________________________________ Date: ______________________

FOR JUVENILES (AGE 0-15), PLEASE COMPLETE:
Parent or Legal Guardian Signature: __________________________________________
Please print Parent or Legal Guardian Name: __________________________________________
Children will receive their own library card and account.

Name of Child: ______________________________________

Last   First   Middle

Female   Male   PIN #: ________

4 Numbers

Birthdate: ___/___/____

Barcode - Staff Use Only

FOR LIBRARY STAFF USE ONLY:

Send to: ______  From: ______  Initial when ID checked: ________  Date entered: ________________

New Registration  Address/Name Change  Lost Card

Patron has card with barcode # __________________________

PIN assigned ___________  Sort Code _________________