

**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)

<p>TEXT MESSAGE NOTIFICATION ACCEPTANCE OF RESPONSIBILITY (Read carefully!)</p> <ul style="list-style-type: none">• 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. <p>CELL PHONE PLAN PROVIDER (circle one): AT&T, Boost Mobile, Cingular, Cricket, Google Fi, Republic, Sprint, T-Mobile, US Cellular, Verizon, Virgin Mobile, Other _____</p> <p>Text Message Authorization Signature: _____</p>

- 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 or 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

Birthdate: ____/____/____

Female

Male

PIN #: _____
4 Numbers

Barcode - Staff Use Only

Name of Child: _____
Last First Middle

Birthdate: ____/____/____

Female

Male

PIN #: _____
4 Numbers

Barcode - Staff Use Only

Name of Child: _____
Last First Middle

Birthdate: ____/____/____

Female

Male

PIN #: _____
4 Numbers

Barcode - Staff Use Only

Name of Child: _____
Last First Middle

Birthdate: ____/____/____

Female

Male

PIN #: _____
4 Numbers

Barcode - Staff Use Only

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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 _____