

**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): Alltel, AT&T, Cingular, Nextel, 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 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 0-14), 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

.....  
**FOR LIBRARY STAFF USE ONLY:**

Send to: \_\_\_\_\_ Initial when ID checked: \_\_\_\_\_ Date entered: \_\_\_\_\_

New Registration Address/Name Change Lost Card

Patron has card with barcode # \_\_\_\_\_

PIN assigned \_\_\_\_\_ Sort Code \_\_\_\_\_