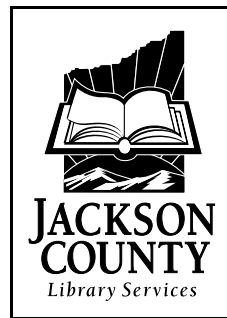


Library Card Application

Please Print



Full Legal Name _____
Last First Middle

Mailing Address _____
Address Apartment #

City State Zip County

Residence Address

(If different from above)

Address Apartment #

City State Zip County

E-mail address _____ Phone _____
Primary contact number Area code Number

Gender _____ Other Phone _____
Male Female Area code Number

Birth date _____ Password _____
Month Day Year 4 to 16 characters, alpha/numeric only, **case sensitive**

I understand that I am responsible for all materials borrowed with my card from the Jackson County Library. If my card is lost I will notify the library at once, otherwise I will be responsible for items checked out on my card. I will follow all library rules and return borrowed materials in good condition on or before the due date. I will pay any charges for damaged, missing, or late materials borrowed with my card.

Applicant Signature _____ Date _____

* * * * *

Applicants Under 18:

Parent/Guardian Name _____

Parent/Guardian Address _____

I agree to accept responsibility for all materials borrowed with my child's library card unless my child or I report the loss of the card to the library.

Parent Signature _____ Card Number _____

Staff Use

Patron Barcode Number _____ Driver's License Number _____ Second ID

Full Service _____
Limited Service _____

Staff Initials _____ Date _____