Library Card Application

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

Phone (___) _______ Cell Service Provider

(Area code and number) (For TXT notification only)

Email address __________________________________________@_____________________ 

☐ I would like to receive the library e-newsletter

Notification Preference—Please check ONLY one:

☐ Phone ☐ Phone AND TXT message ☐ Phone AND Email

☐ Email ☐ TXT message

PIN (for online access to your account) ___________________ (4 numbers only)

Gender Male Female Birthdate ________________________

Month Day Year

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:

I would like my child to have ☐ Parent Select (2 items out at a time) ☐ Full Service

Parent/Guardian Name ________________________________

Parent/Guardian Address ___________________________________________ ☐ Same as above

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 ___________________ Library Card Number ______________

Staff Use: CARD TYPE (Circle the type of card issued)

CARD #: ___________________ 2ND ID ______

FULL SERVICE ☐ NON-RESIDENT: 12 MO / 3 MO (dates changed)

DRIVER’S LICENSE ___________________________ TEMPORARY (2 MO.) ☐ PRIMARY / HOUSEHOLD (Associated)

PARENT SELECT ☐ PARENT SELECT (ASSOCIATED)

DATE _______________ STAFF INITIALS ___________________________________

CLASS VISIT

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