Library Card Application

Please Print

☐ I previously registered online for an eCard

Full Name__________________________________________

Mailing Address

Address ____________________________________________

Apartment # ______________________________________

City ______________________________ State _________ Zip ________ County ________

Physical Address ____________________________________________

Address ____________________________________________

Apartment # ______________________________________

City ______________________________ State _________ Zip ________ County ________

Cell Phone (____) _______ - ________

Cell Service Provider __________________________

(Area Code & number) (For text notification)

Home Phone (____) _______ - ________

Email Address__________________________________________

I would like to receive email and mail information from JCLS ☐ and/or the Jackson County Library Foundation ☐

Notification Preference – Please circle ONE:

Email

Email AND Text

Text Message

Phone AND Text

Phone

Please create a log in password/pin number, it must be a 4 digit number: __ __ __ __

Gender Identity: ___  ____  ___

Male     Female    N/A

Birthdate______/_______/______

Month   Date   Year

Responsibilities: 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____________________________

I want my child to have: ☐ Full Service (60 items at a time) ☐ Parent Select (2 items at a time)

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________________________

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STAFF USE ONLY

Card Type (Circle card issued) Non-Resident: 1 Month - $10

Card #________________________ Full Service * Temp New Res (90 days) *Computer 3 months - $25

Date________ Staff Initials_______ Parent Select * Class Visit * Organizational * Educator 1 Year - $100

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Revised 5/5/19