



Library Card Application Organization

Please Print

Organization Name: _____

Responsible Party's Name _____
Last First Middle

Address: _____
Street Address
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 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 of Responsible Party: _____
Male Female N/A

Birthdate of Responsible Party: ____/____/____
Month Date Year

Responsibilities: *I understand that I am responsible for all materials borrowed with this card from the Jackson County Library. I understand that there can only be one card per organization. If I leave the organization, the organization is still responsible for any materials checked out to this account. I know that I must have the card with me at check out to check out materials. 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** _____

STAFF USE ONLY

Card # _____ Date: _____ Staff Initials: _____