



# Library Card Application Organization

Please Print

Organization Name: \_\_\_\_\_

Responsible Party's Name \_\_\_\_\_  
Last First Middle

Organization Address: \_\_\_\_\_  
Street Address

City State Zip

Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Service Provider \_\_\_\_\_  
(Area Code & number) (For text notification)

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Organization 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: \_ \_ \_ \_

Birthdate of Responsible Party: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month      Date      Year

*Responsibilities: I understand that by signing this I am the person responsible for all materials checked out on this card while I am part of the organization. The organization is 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 \_\_\_\_\_

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**STAFF USE ONLY**

Card # \_\_\_\_\_ Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_