

ADULT LIBRARY CARD APPLICATION



LEGAL NAME

FIRST

MIDDLE

LAST

SUFFIX (SR., JR. II. ETC)

NICKNAME OR PREFERRED NAME (IF DIFFERENT)



MAILING ADDRESS

CITY/STATE/ZIP

LICENSE OR ID#

DATE OF BIRTH

MONTH/DAY/YEAR = 05/27/1978



EMAIL



HOME



MOBILE

MOBILE PROVIDER

ATT, VERIZON, ETC. FOR TEXTS

BEST WAY TO GET IN TOUCH?

We will contact you when material you are waiting for is available for pick up, to alert you that materials are overdue, etc.

PHONE

EMAIL

Please add the following email to your address book: notices@wfplib.org TEXT (SMS)

SPOUSE/PARTNER CARD ACCESS:

If you would like your spouse or partner to be able to pick up materials for you and have access to your library card information (including current materials borrowed) please provide their name:

BY SIGNING THIS APPLICATION YOU AGREE TO THE FOLLOWING

As a library card holder I will:

- Pay replacement costs charged against my account/minor's account for books and other materials that are lost or damaged
- Report the loss or theft of my/minor's library card immediately to avoid unauthorized use
- Notify the Library if there are any changes regarding name, address, phone or email.



SIGNATURE:

DATE:

STAFF USE

CHECKED FOR DUP CARD

ID VERIFIED

VERIFIED ALL INFORMATION IS PRESENT AND READABLE

BARCODE # 201311000 _ _ _ _ _

REGISTERED BY: _____

CHECKED BY: _____

FORM ATTACHED TO RECORD