

**FAULKNER-VAN BUREN REGIONAL LIBRARY SYSTEM  
CARD APPLICATION**

DATE: \_\_\_\_\_

LIBRARY CARD#: \_\_\_\_\_

**PLEASE USE BLACK OR BLUE INK AND PRINT YOUR RESPONSES CLEARLY**

|  |  |        |                       |      |  |
|--|--|--------|-----------------------|------|--|
| Last Name:   |  |        | First Name:           |      |  |
| Middle Name:   |  |        | Preferred Name:       |      |  |
| Date of Birth (MM/DD/YY):  |  |        | Ethnicity (optional): |      |  |
| Gender/Pronoun (optional):<br><input type="checkbox"/> He/Him <input type="checkbox"/> She/Her <input type="checkbox"/> They/Them <input type="checkbox"/> We/Us <input type="checkbox"/> Alternate/Additional:  |  |        |                       |      |  |
| Street Address:  |  |        |                       |      |  |
| City:  |  | State: |                       | Zip: |  |
| Secondary Address/P.O. Box:  |  |        |                       |      |  |
| Additional Address:  |  |        |                       |      |  |
| Primary Phone:   |  |        | Secondary Phone:      |      |  |
| Item Available/Overdue Notification Preference (select one):<br><input type="checkbox"/> Email <input type="checkbox"/> Print/Mail   |  |        |                       |      |  |
| Email Address (if applicable):   |  |        |                       |      |  |
| I would like to receive emails about library programs and services. <input type="checkbox"/> YES* (email required) <input type="checkbox"/> NO   |  |        |                       |      |  |
| If over 18, would you like to register to vote? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> ALREADY REGISTERED   |  |        |                       |      |  |
| <p><b>PLEASE READ THIS SECTION CAREFULLY AND SIGN BELOW TO INDICATE YOUR AGREEMENT.</b></p> <p>By signing and submitting this application, I declare that all information provided is accurate to the best of my knowledge. I agree to accept responsibility for all use of this card, all materials checked out on this card, and all charges made against it. I understand that the use of my library card is non-transferrable, and in the event the card is lost or stolen I will notify the library immediately.</p> <p><b>**If the cardholder is 12 years of age or younger, a parent or legal guardian must be present to sign the application. If the cardholder is 13 years of age or older, the applicant must provide their signature.**</b></p> <p>Applicant OR Parent/Guardian's Name (Printed)</p> <p>_____</p> <p>Applicant OR Parent/Guardian's Signature</p> <p>_____</p> |  |        |                       |      |  |



\_\_\_\_\_ STAFF INITIALS