

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

DATE: _____

LIBRARY CARD #: _____

PLEASE USE BLACK OR BLUE INK AND PRINT YOUR RESPONSES CLEARLY		
First Name:	Preferred Name:	
Middle Name:	Last Name:	
Gender/Pronoun (optional): <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:		
Item Available/Overdue Notification Preference (select one): <input type="checkbox"/> Email <input type="checkbox"/> Print/Mail		
Date of Birth (MM/DD/YY):	Ethnicity (optional):i	
Primary Phone:	Secondary Phone:	
Street Address (Line 1):		
City:	State:	Zip:
Secondary Address/P.O. Box:		
Additional Address:		
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>PLEASE READ THIS SECTION CAREFULLY AND SIGN BELOW TO INDICATE YOUR AGREEMENT.</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>**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.**</p> <p>Applicant OR Parent/Guardian's Name (Printed)</p> <p>_____</p> <p>Applicant OR Parent/Guardian's Signature</p> <p>_____</p>		



_____ STAFF INITIALS