FAULKNER-VAN BUREN REGIONAL LIBRARY SYSTEM CARD APPLICATION

DATE:	LIBRARY CARD#:					
PLEASE USE BLACK OR BLUE IN	IK AN	D PRINT YOUR RE	ESPONSES CLEAR	RLY		
First Name:	1	erred Name:				
Middle Name:	Name:	ame:				
Item Available/Overdue Notification Preference	e (sele	ect one): 🛛 Ema	ail 🗆 Print/M	Mail		
Date of Birth (MM/DD/YY):		ADA Accommodation:				
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. \Box YES* (email required) \Box NO						
If over 18, would you like to register to vote?						
PLEASE READ THIS SECTION CAREFULLY AND SIGN F By signing and submitting this application, I declare that agree to accept responsibility for all use of this card, all r understand that the use of my library card is non-transfe library immediately.	t all info materia	ormation provided is a ls checked out on this	accurate to the best card, and all charge	es made agai	nst it. I	
**If the cardholder is 12 years of age or younger, a parer If the cardholder is 13 years of age or older, the applican				pplication.		
Applicant OR Parent/Guardian's Name (Printed)						
Applicant OR Parent/Guardian's Signature				Faulkner-V Regional Libr	an Buren ary System	

_____ STAFF INITIALS