## Card Application

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

<table>
<thead>
<tr>
<th>First Name:</th>
<th>Preferred Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle Name:</td>
<td>Last Name:</td>
</tr>
</tbody>
</table>

**Item Available/Overdue Notification Preference (select one):**
- [ ] Email
- [ ] Print/Mail

**Date of Birth (MM/DD/YY):**

**ADA Accommodation:**
- [ ] Yes
- [ ] No

**Primary Phone:**

**Secondary Phone:**

**Street Address (Line 1):**

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>Zip:</th>
</tr>
</thead>
</table>

**Secondary Address/P.O. Box:**

**Additional Address:**

**Email Address (if applicable):**

**I would like to receive emails about library programs and services.**
- [ ] YES* (email required)
- [ ] NO

**If over 18, would you like to register to vote?**
- [ ] YES
- [ ] NO
- [ ] ALREADY REGISTERED

**PLEASE READ THIS SECTION CAREFULLY AND SIGN BELOW TO INDICATE YOUR AGREEMENT.**

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-transferable, and in the event the card is lost or stolen I will notify the library immediately.

**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.**

**Applicant OR Parent/Guardian’s Name (Printed)**

__________________________________________________________

**Applicant OR Parent/Guardian’s Signature**

__________________________________________________________

__________ STAFF INITIALS