

Faulkner-Van Buren Regional Library System

Library Card Application

Date: _____

Please print all requested information clearly in ink.

First Name Middle Name Last Name

(Optional) Preferred Name Date of Birth (mm/dd/yyyy)

Phone Number (Optional) Second Phone

Address

City State Zip

(Optional) Second Address

Email

Notifications: ☐ Email or ☐ Mail ☐ I'd like to register to vote

☐ I'd like my holds to be placed in wheelchair accessible lockers

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. Patrons 12 or younger must have a legal guardian sign for them.

Signature

Printed Name



Staff: _____

Card Number: _____