

Sutherlin C. Giles Hunt Memorial Library

LIBRARY CARD APPLICATION

| APPLICANT INFORMATION | | |
|---|--------------------------------------|--|
| Last Name | First Name | Middle Name |
| <input type="checkbox"/> Male <input type="checkbox"/> Female Age: <input type="checkbox"/> 18 or Older <input type="checkbox"/> 17 or Younger <i>(Signature of Parent or Guardian Required below)</i> | | |
| Mailing Address | | |
| Street: _____ | | |
| City: _____ | | |
| Physical Address (if different from above) | | |
| Street: _____ | | |
| City: _____ | | |
| Contact Information <i>(for applicant or parent/guardian of minor child)</i> | | |
| Telephone: Home _____ Mobile _____ | | |
| Email: _____ | | |
| <p>I agree to be responsible for all materials checked out on my library card; to report a lost library card at once; to observe library rules; to pay promptly all charges I may accrue; and to notify the library of any name or address changes. Applicant or Parent/Guardian of minor child must present valid photo identification. This card is non-transferable.</p> | | |
| Signature of Applicant _____ | | |
| PARENT/GUARDIAN OF MINOR CHILD | | |
| Last Name of Parent/Guardian | First Name of Parent/Guardian | Relation: |
| Address of Parent/Guardian (if different from above) | | |
| Street: _____ | | |
| City: _____ | | |
| Signature: _____ | | |
| STAFF USE ONLY | | |
| Date Received: | Member #: | Member Profile <input type="checkbox"/> Adult <input type="checkbox"/> Teen <input type="checkbox"/> Child |
| Date Entered: | Notes: | |