

# Sutherlin C. Giles Hunt Memorial Library

## LIBRARY CARD APPLICATION

APPLICANT INFORMATION		
<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>
<input type="checkbox"/> Male <input type="checkbox"/> Female                      Age: <input type="checkbox"/> 18 or Older <input type="checkbox"/> 17 or Younger <div style="text-align: right; font-size: small;"><i>(Signature of Parent or Guardian Required below)</i></div>		
<b>Mailing Address</b>		
Street: _____		
City: _____		
<b>Physical Address</b> <i>(if different from above)</i>		
Street: _____		
City: _____		
<b>Contact Information</b> <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		
<b>Last Name of Parent/Guardian</b>	<b>First Name of Parent/Guardian</b>	<b>Relation:</b>
<b>Address of Parent/Guardian</b> <i>(if different from above)</i>		
Street: _____		
City: _____		
Signature: _____		
STAFF USE ONLY		
<b>Date Received:</b>	<b>Member #:</b>	<b>Member Profile</b> <input type="checkbox"/> Adult <input type="checkbox"/> Teen <input type="checkbox"/> Child
<b>Date Entered:</b>	<b>Notes:</b>	