

Staff initials: _____



Madison County Public Library Library Card Application Form

The library requires I.D. and written proof of current address.
All Library transactions and information are strictly confidential.

Please Print:

Today's Date _____

Staff Use Card # _____

Name _____

Last Name

First Name

Middle Name

Preferred/ Nickname

Patron Type

A - Adult (age 18 & over)

CS - College Student (any age)

Temporary Resident-TEMP

- Circle One

J-Juvenile (age 0-13)

YA-Young Adult (age 14-17)

Preferred Pin # (for Computer access, holds and online account access) _____ Date of Birth _____

Home Telephone _____ Work Telephone or Cell _____

Current Mailing Address _____

Street (including house number) or PO Box

Apt. #

City _____ State _____ Zip Code _____

Physical Address or Permanent Address(if different from current address):

Street / PO Box _____ Apt # _____ City _____ State _____ Zip Code _____

Email Address (optional) _____

Driver's License or Social Security Number _____ Notify Via (circle one) email phone mail

I understand that by signing this form as a parent, guardian or responsible party, I accept responsibility for this child's use of the card & agree to pay any fines or other charges incurred by my child. I agree to give prompt notice to the library of any address change.

As the responsible party, I am aware that the library permits children to have access to all materials & is not responsible for restricting or censoring the materials which children may select.

Name

Last Name

First Name

Middle Name

Preferred/ Nickname

Parent / responsible adult's signature _____ Date of Birth _____

I understand that by signing this form & accepting this library card I am responsible for all materials checked out using this card and for charges that may be assessed to me. I agree to give prompt notice to the library of any address change.

Cardholder Signature _____