



# Library Card Application

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### \*Identification Required:

- Photo ID (driver's license, state ID card, work ID, etc.)
- Proof of Current Address (mail, check, online billing address, delivery confirmation etc.)

### Patron Information (please print)

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_ or (\_\_\_\_) \_\_\_\_\_

RESIDENTIAL ADDRESS:

\_\_\_\_\_  
STREET CITY STATE ZIP CODE  
 MAILING ADDRESS (If different from residential address)

\_\_\_\_\_  
STREET CITY STATE ZIP CODE

EMAIL ADDRESS: \_\_\_\_\_

### Acceptance of Responsibility. Please read carefully.

- I will be responsible for all materials checked out on this card, including materials checked out by others with or without my consent, unless I have previously reported the loss of my card.
- I will report a lost or stolen card, or any change of personal information (name, address, phone, or email) **immediately**.
- I will comply with all library rules and policies.
- I understand that there will be charges for all overdue, lost, damaged, or stolen library materials.
- I understand that the library provides access to a broad range of resources and that it is my responsibility to judge for myself and/or my children or minor dependents what resources are appropriate for my/our personal use.

Patron  
 Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### FOR JUVENILES AGE 0-17

Parent/Legal Guardian (signature): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Legal Guardian (print): \_\_\_\_\_

If registering more than one card per family or more than one person on a family card please list names and birthdates for all additional people:

NAME: _____	BIRTH DATE: ____/____/____
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### Non-Grantsville City Residents:

Out of area patron cards are \$10 per year.

### Exceptions:

Out of area seniors age 55+ with proof of age, and educators or school staff with proof of employment qualify for a \$5 discount per year.