

## Library Card Application – Caldwell County Public Library

Please Print:

Name: \_\_\_\_\_  
Last Name First Name Middle Initial

Address: \_\_\_\_\_  
Street Apartment #

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

If you prefer to read in a language other than English, please tell us what language: \_\_\_\_\_

I agree to follow all library rules, pay all fines and fees, and give immediate notice of any change of address or loss of library card. I understand that I am responsible for all items checked out on this card, that some items have higher fines, and that I am the only authorized user of this card.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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If the applicant is under 18 years of age:

I understand that by signing this, my child is able to borrow any library materials (including books, videos, CDs, etc.) and will have access to the library's computer resources, including the internet. I also understand that I am financially responsible for any loss, damage to library materials, and for payment of all fines incurred.

Parent/Guardian Name (Please Print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian Photo ID – Type \_\_\_\_\_ Number \_\_\_\_\_  
(Driver's License, State ID, etc.)

FOR OFFICE USE ONLY:

Barcode: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Photo ID Description and Number \_\_\_\_\_ Type: VER UN

Duration: 1 month 3 months 6 months 1 year 3 years

Application – English – 7/25/2017

