

FOUNTAINDALE PUBLIC LIBRARY DISTRICT LIBRARY CARD APPLICATION

THE ADULT REGISTRANT IS ASKED TO BRING PRINTED AND SIGNED FORM(S) ALONG WITH A CURRENT PHOTO ID, PROOF OF ADDRESS AND CHILD UNDER 18 (WHEN APPLICABLE) TO THE CIRCULATION DESK OR BOOKMOBILE TO RETRIEVE CARD.

ADULT

LAST NAME:		
FIRST NAME:		MIDDLE INITIAL:
ADDRESS:		ZIP CODE:
PHONE NUMBER:	ALTERNATE PHONE NUMBER:	DATE OF BIRTH:
EMAIL ADDRESS:		HOLDS/OVERDUES PREFERENCE: <input type="checkbox"/> EMAIL <input type="checkbox"/> PHONE CALL
CELL PHONE NUMBER FOR TEXT MESSAGES:	CELL COMPANY (i.e. AT&T, SPRINT, VERIZON, T-MOBILE, etc.):	

YES, I AM INTERESTED IN RECEIVING NEWS AND UPDATES VIA EMAIL.

CHILD (UNDER 18 IN SAME HOUSEHOLD)

LAST NAME:		
FIRST NAME:	MIDDLE INITIAL:	DATE OF BIRTH:
SCHOOL:	GRADE:	TEACHER (elementary students only):

YES, ADDITIONAL CHILDREN FORMS WILL BE SUBMITTED ALONG WITH MY APPLICATION.

I apply for the right to use the services and facilities of the Fountaindale Public Library District and agree to abide by the policies and rules of the Library, to pay all fines and fees charged to my accounts (as well as all child accounts linked by association), and to promptly inform the Library of a lost card, change of address or change of personal contact information such as email and phone number. I understand that I am solely responsible for items checked out with my card, and (when applicable), I also assume responsibility for charges on my child's account. I understand that the Library reserves the right to associate and block from use all accounts belonging to my same address based on the delinquency of any one patron account, and that general checkout on a library card that is not my own is not permitted.

Signature: _____

Print Name of Parent/Legal Guardian: _____

<i>Library Staff Use</i>		
ADULT BARCODE:	2040150 _____	PATRON TYPE: _____
CHILD BARCODE:	2040150 _____	PATRON TYPE: _____
NEIGHBORHOOD: _____	STAFF INITIALS: _____	DATE: _____