Marshall Community Library - LIBRARY CARD APPLICATION

IDENTIFICATION REQUIRED: ▪**Photo I.D.** (i.e. Driver's license, state I.D. card)
- **Proof of Current Address** (i.e. Driver's license, state I.D., recent mail, checkbook)

PATRON INFORMATION (please print):

Name: ____
Last First Middle

Previous Name(s)____

Birthdate: ____ /____ /____ **Female**___ **Male** ___ **Age Group**: 0-15*___ 16-61___ 62+___
* Must have parent/guardian show ID and sign.

Mailing Address: ____
Street, RR/Fire Number or P.O. Box City or Village State Zip

Home Phone: (____) ____________________________ **Email Address**: ____________________________
I agree to receive emails from the MCL/Friends pertaining to events/programs/newsletters. YES ____ NO_____

Notify me re: holds by: Email ___ Phone ___
Library (or bookmobile stop) where I would prefer to pick up my holds: __________
(Home Agency)

County of Residence: ________________________ **Township**: ______________________
(if outside city/village limits)

Residential Address: (Complete if different from mailing address)

____
Street, RR/Fire Number or P.O. Box City or Village State Zip

Secondary Phone: (____) __________________________ Extension: ____________

ACCEPTANCE OF RESPONSIBILITY (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 immediately.
- I will report a lost or stolen card, or any change of personal information (name, address, phone, email), immediately.
- I will comply with all library rules and policies, which are available for review in the Reference section of the library.
- I understand that there will be charges for overdue, lost, damaged and stolen library materials.
- I understand that the library provides access to a broad range of materials and that it is my responsibility to judge for myself and for my children or minor dependents what materials are appropriate for my/our personal use.

PATRON SIGNATURE:____________________________________ **Date**: ____________

FOR JUVENILES (AGE 0-15) **Parent/Guardian - Read Acceptance Statement and then complete:**

Parent or Legal Guardian Signature:____________________________________ Date:___________

Print Parent or Legal Guardian Name:____

■■

FOR LIBRARY STAFF USE ONLY:

Send to: ______ **From:** _____ **Home Agency:** ______ **Proof/address:** _____**Photo ID:** ______**DL#**_____

Sending library check one:

___ Patron has card with barcode # _______________________from_____________(sending library)

___ Issue card with this barcode and mail to patron. (Staple barcode here)

New Registration __ **Address Change** __ **Name Change** ___ Former name: _________________

Lost Card __ **Renewal** __ **PIN assigned** ________ **P-STAT:**________ **Special Exp. Date:** __________

Application Forwarded to Director on (date)______ init_____ due to: (circle or list) incomplete ID, old record with fines, address/family blocks, ____