

Marshall Community Library Card Application –

Last Name _____ First Name _____ M _____

Previous Name _____ Birth date _____ Gender _____

Legal Guardian (if juvenile under 16)

PRINT Last Name _____ First Name/MI _____ DOB _____ Relationship _____

Address _____ City _____ Zip _____

Telephone (Home) _____ (Work or Cell) _____

Email Address _____ for notices.

Alternate Address: ex: PO Box _____ Contact Note _____

I agree to receive emails from the library or Friends concerning programs/events. Yes No (circle one)

Disable Borrower Reading History Yes _____ No _____ (NO means keep my reading history)

Options for notifications: (choose **one**)

Email _____ (same day) **OR** Text _____ (next day) **OR** Phone _____ (next day)
Pre-overdue and HOLDS ~~HOLDS only~~ **HOLDS only**

Acceptance of responsibility (READ CAREFULLY)

1. 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 immediately reported my card as lost or stolen).
2. I will report my card lost or stolen, and any changes of information immediately. I understand that if I do not update contact information, the library cannot send me notices.
3. I will comply with all library rules and policies, which are available for viewing in the reference section of the library and may differ from other libraries policies, however Marshall policies will prevail.
4. I understand that I am responsible for any charges for overdue, damaged, lost or stolen materials checked out on my card. Fines/fees cannot exceed \$10 for patrons living in the same residence and must be paid in full in order for your card to be valid.
5. I understand that I am responsible for notifying library staff of missing parts or damage to materials prior to taking the items from the library.
6. I understand that the library provides access to a broad range of materials and that it is MY responsibility to judge for myself and my minor dependents what materials are appropriate for my/our use.

Patron (or Guardian) Signature _____ Date _____

(By signing as legal guardian you assume responsibility for the items checked out to the juvenile.)

Library Use Only: Proof ID/add _____ Guardian review _____ Prev Name Rev _____ CCAP Review _____

New Card _____ Address Change _____ Renewal _____ Lost Card _____ DL# _____

WEB USE ONLY temp card issued _____ (Temp card expires in 3 months at which time address must be provided)

Application to Director due to: (circle one)

ID incomplete old record w/fines or family blocks CCAP block Other _____

Staff Init/Date _____ 2nd Rev Staff Init/Date _____