



Please write clearly and return to a librarian with a valid photo ID and proof of mailing address

McKENZIE COUNTY

• PUBLIC LIBRARY •

LIBRARY CARD APPLICATION / RENEWAL

Today's Date: ____/____/____

OFFICIAL USE ONLY LIBRARY CARD # _____
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Name _____
First MI Last

Mailing Address _____ Apt _____
Street or P.O. Box

City _____ State _____ Zip Code _____

Phone Number (____) ____ - ____ Please Circle Home Cell Work Date of Birth: ____/____/____

Email _____

How would you like to receive information about this account? (i.e. When your items are due back or overdue)

Please Circle: Email Phone Text Message

Service Provider Please Circle: Verizon AT&T Other _____

Borrower's Agreement

I agree:

- To be responsible for all materials borrowed with my card.
- To pay any and all fees associated with my card.
- To report the loss, theft, or abuse of my card immediately, I understand that I am responsible for all fees and any items checked out on my card prior to being reported lost or stolen.
- To report changes to my account information.

Authorized Users (if any)

Your Signature:

X _____ Date: ____/____/____

The McKenzie County Public Library will use the personal information you provide for official purposes only. The Library does not sell a list of account holders to other organizations or groups.

Parent/Guardian Agreement

As a parent or legal guardian of this borrower under the age of eighteen, I agree:

- To be responsible for this borrower's selection and use of library materials.
- To pay any and all fees associated with this card.
- To report the loss, theft, or abuse of the card immediately, I understand that I am responsible for and fees and any items checked out on the card prior to being reported lost or stolen.
- To report changes to the account information.

Providing false information in this application is illegal.

Name and Signature of Parent/Guardian: _____ Parent/Guardian Library Card # _____

(Please Print) _____

Last

First

MI

(Please Sign) _____ Date _____

FOR OFFICIAL USE ONLY

____ New ____ Temporary ____ Electronic ____ Bookmobile ____ Daycare ____ Update Information

Did you verify? ____ Address? ____ Photo ID?

State ID: ____ # _____ Expiration Date ____/____/____

Are you an individual applying for a licensed daycare? ____ Yes ____ No

Daycare Name: _____

Daycare Phone Number (____) - ____ - _____

Alternate Contact Information

Name _____ Relationship _____

City _____ State _____

Phone Number (____) ____ - _____ Email _____

Are you interested in participating in a Book Club? ____ Yes ____ No

Staff Signature: _____ Date ____/____/____