



LIBRARY CARD APPLICATION

Photo identification and proof of current mailing address are required for all registrations.

If you are 17 or under, your parent/guardian must sign the application form.

PLEASE PRINT

Last Name _____ First Name _____

Middle Name _____ Maiden & Previous Married Name(s) _____

Date of Birth (MM/DD/YYYY) ___/___/___ Do you teach in North Spencer? _____

Home Address _____ Apt # _____

City _____ State _____ Zip Code _____

Township _____ Driver's License Number _____

Mailing Address (if different than above) _____

Phone _____ E-mail Address _____

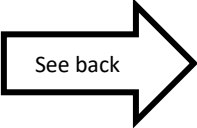
How would you like to receive notices from the Library relating to your account? Email Phone

Would you like to be signed up for our weekly Saturday newsletter (WOWbrary)? Yes No

ACCEPTANCE OF RESPONSIBILITY

I accept responsibility for the safekeeping of library materials borrowed against my card. I agree to give immediate notice of change of address or loss of card. I agree to pay fines or other charges imposed for late return, loss, damage, or mutilation of library materials.

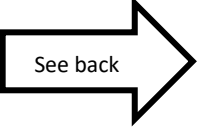
Applicant Signature _____ Date _____



If applicant is 17 years of age or under, please complete the following:

I hereby grant permission for my child to have a library card and use LHPL's online services. I accept responsibility of all use of my child's card, all library materials checked out on the card, and all charges made against it.

Name of Parent/Guardian _____ Signature _____



For Staff Use Only: Once all the criteria are initialed, the patron may receive a card.

Proof of Address _____ Reside in LHPL District _____ Application Fully Completed _____

No other active accounts _____ No fines _____ Double checked by another staff member _____

Assigned Library Card # _____