



LIBRARY CARD APPLICATION

Photo identification and proof of current mailing address are required for all registrations. If you are 17 years of age or under, your parent/guardian must sign the application form.

PLEASE PRINT

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Middle Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

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) \_\_\_\_\_

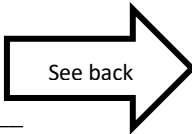
Phone (\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

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

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 including the one item checked out today.

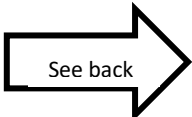
Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_



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, 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 \_\_\_\_\_

