



New Card

Replacement Card

APPLICATION FOR LIBRARY RESOURCE CARD

This application is a contract. After presenting the necessary identification, the applicant is required to fill out and sign this form. Begin printing in the first box. Use one box for each letter, space or number. Use black or blue ink only

APPLICANT

LAST NAME	FIRST NAME	MIDDLE INITIAL	Mr.	Ms
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

EMPLOYER

MAILING ADDRESS FOR RESOURCE CARD	CITY	STATE	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

HOME	WORK	FAX
AREA CODE TELEPHONE	AREA CODE TELEPHONE	AREA CODE TELEPHONE
<input type="text"/>	<input type="text"/>	<input type="text"/>

EMAIL ADDRESS

FOR OFFICE USE ONLY

PATRON TYPE    PARENT P     TEACHER T     ADMINISTRATOR ADM

OTHER

1    BARCODE ID

2    STAFF SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

\*PLEASE READ CAREFULLY BEFORE SIGNING\*

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

SIGNATURE OF APPLICANT \_\_\_\_\_

TODAY'S DATE