Application for a Library Card

**Applicant must present identification with current address**

PLEASE PRINT

First Name: ___________________________ Middle Initial: ___

Last Name: ___________________________

Birthdate (MM/DD/YYYY): ______________ Gender: _____________________

Street Address: ____________________________________________ P.O. Box: ______________

City: ___________________________ State: __________ Zip Code: __________

Township: ___________________________ County: __________________________

School District: __________________________________________________________________________

Phone Number: ___________________________

Email Address: __________________________________________________________________________

By accepting a library card, I agree to observe the rules established by the Pemberville Public Library and all associated libraries, and I will be responsible for materials borrowed on my card. I also agree to pay any fines or other charges for late or damaged materials. I understand that I may be charged for replacement of my library card.

Signature: ___________________________ Date: __________________

FOR BORROWERS UNDER AGE 18:

Parent or Guardian Signature: ___________________________ Date: __________________

Printed Parent or Guardian Name: __________________________________________________________________________

Optional: **Text messaging rates may apply**

I would like to be contacted for my reserved items by:

[ ] Phone Call Only [ ] Email Only [ ] Text Only [ ] Email and Text [ ] None

I would like to be reminded of when my items are due by:

[ ] Email Only [ ] Text Only [ ] Email and Text [ ] None