



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