

LIBRARY CARD APPLICATION

SOUTH CENTRAL LIBRARY SYSTEM

IDENTIFICATION REQUIRED:

Photo I.D. (i.e. Driver's license, state I.D. card)

Proof of Current Address (i.e. Driver's license, state I.D., recent mail, check book)

PATRON INFORMATION (please print):

Name _____
Last First Middle

Birthdate: ____/____/____ Female Male N/A Age Group 0-17 13-61 62+
Month Day Year

Mailing Address _____
Street, RR/Fire Number or P.O. Box City or Village State Zip

County of Residence _____ Township _____
(if outside city/village limits)

Residential Address: (Complete if different from mailing address)

_____ Street, RR/Fire Number or P.O. Box City or Village State Zip

Email _____ Check for 2 day Pre-overdue notice (only via email)

Phone: (_____) _____ Cell: (_____) _____

I would prefer to be notified of my holds by: [CHOOSE ONE]

- Email (same day notification)
- Text (next day notification, cell phone only)
- Phone call (next day notification) Select one: Cell Land line
- No hold notices

I prefer to pick up my holds at: _____
(Name of Library or Bookmobile stop)

ACCEPTANCE OF RESPONSIBILITY (Read carefully!)

I will be responsible for all materials checked out on this card, including materials checked out by others with or without my consent, unless I have previously reported the loss of my card.

I will report a lost or stolen card, or any change of personal information (name, address, phone, email), immediately.

I will comply with all library rules and policies.

I understand that there will be charges for overdue, lost, damaged and stolen library materials.

I understand that the library provides access to a broad range of resources and that it is my responsibility to judge for myself and for my children or minor dependents what resources are appropriate for my/our personal use.

PATRON SIGNATURE: _____ Date: _____

FOR JUVENILES (AGE 0-15), PLEASE COMPLETE:

Parent or Legal Guardian Signature: _____

Please print Parent or Legal Guardian Name: _____

FOR LIBRARY STAFF ONLY:

Type of registration: _____ Staff initials/LIB verifying ID: _____

New patron Address change Proof of current address

Lost card Renewal Patron Category: _____

Name Change (Former name _____) PSTAT (Sort 1): _____

Send application to library of residence _____ Photo ID type: _____

(optional) ID # _____

Patron has been issued card with barcode _____ from _____

Teacher or Office Administrator: Please complete before returning to the Monona Library
 Application is complete Information matches School Records

Teacher Signature _____