

Ohio County Public Library

STAFF USE ONLY	
ID VERIFIED	<input type="checkbox"/>
Please check the box when you have verified ID	

Library Card #

Ages 14+

Adult Card Application

(Please Print)

Today's Date: _____

Last Name: _____ First Name: _____ M.I.: _____

Birthday (MM/DD/YYYY): _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Physical Address: _____

City: _____ State: _____ Zip code: _____

Email Address: _____

(Your email address will be used for library communications only.)

Telephone *(Please include the area code)*: _____

Contact Preference *(Phone, text, email, mail)*: _____

Reference *(Ohio County resident not living with you)*

Name: _____ Telephone: _____

Address: _____

Employment *(If you live outside the county)*: _____

I agree to be responsible for all library materials checked out on my card, to observe library rules, and to notify the library of any changes of my name or my address. I also know that no one else can use my library card. As a parent or guardian, I agree to be responsible for all library materials checked out by this child and know that the materials this child selects are not the responsibility of the library. The replacement fee for lost or damaged library card is \$2.00.

Signature: _____

Please sign on the electronic signature pad if available.

Would you like to be added to the weekly email list?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Please add (270) 298-3790 & (270) 298-3791 to your phone so you know when the library is calling!