

Library Card #

**STAFF USE ONLY**

ID Verified

Please check the box when you have verified ID

## Ohio County Public Library

Ages 14+

### Adult Card Application

*(Please Print)*

**Today's Date:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **M.I.:** \_\_\_\_\_

**Birthday (MM/DD/YYYY):** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zipcode:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zipcode:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

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

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

**Home:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Phone Carrier:** \_\_\_\_\_

**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.*

**Please add (270) 298-3790 & (270) 298-3791 to your phone so you know when the library is calling!**