ADULT Library Card Application

checked by

Barcode: _____ **Staff Initials:** _____

Patron's Information

Last Name: _____ Birth Date: _____

First Name: _____

Middle Name: _____ ID State and Number:

Preferred Name: _____ _____ # _____

Address

Street Address: _____ City: _____

County of Residence: _____ Zip Code: _____

Contact Information (two forms of contact required)

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

Email: _____

Contact Preference (circle one):

Email Text Home Phone Mobile Phone Work Phone

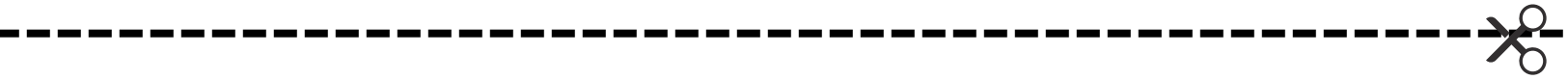
Notifications

Notifications will be sent when:

- Items are due
- Items have been overdue for 5 days
- Reserve pickup
- Watch term triggered

If email is preferred, how many days in advance? _____

☐ Check here to opt out of all notifications



Responsibility Agreement

I, the undersigned, agree to obey all the rules and regulations of the Clinton Public Library, to promptly pay all fines charged for the damage or loss of a borrowed item, and to give immediate notice of a change of contact information and/or address. I acknowledge that failure to return materials and/or pay fines may result in legal ramifications.

_____ _____

Signature Date

Photo Permission

I, the above applicant, give permission to the public library to use my name and photographic likeness in all forms and media for advertising, trade, and any other lawful purpose. (please check one)

☐ Deny Permission ☐ Give Permission

Title VI Information

The library receives grants and other federal funding which require us to gather statistical information on our users. This information is not tied to your library card.

Current Month:

Are you: (please check one)

- ☐ White
- ☐ Black
- ☐ American Indian/Alaskan Native
- ☐ Hispanic or Latino of any race
- ☐ Native Hawaiian/Pacific Islander
- ☐ Asian
- ☐ Other
- ☐ Two or More Races