## **LIBRARY CARD APPLICATION**



## **LINKCAT libraries - SCLS**

Photo ID type:

\_\_\_\_\_ from \_\_\_\_\_. Rev. 6/2022

### **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, checkbook)

PATRON INFORMATION (	(please	print)	):
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PATRON INFORMATION (please print):				
Name:	First			ddle
Name on Photo ID (complete if different tha				
Birthdate: / / Age Group:			<u></u> 62+	
Mailing Address:				
Street, RR/Fire Number or P.O County of Residence:	. Box City	or Village	State	Zip
Residential Address: (Complete if different fr		s)		
Street, RR/Fire Number or P.O. Box	City or Vill	age	State	Zip
Phone ()				
HOLDS: I prefer to pick up my holds at:			Daalemahila etan)	
MESSAGING PREFERENCES	(Name of	Library or	Bookmobile stop)	
HOLD NOTICES				
☐ Email (same day notification)			Phone call (next day not	ification)
☐ Text (next day notification, via cell phone	e only)		No hold notices	
PRE-OVERDUE NOTICES (2 DAYS PRIOR)	o oy)		Tro Hold Hollood	
☐ Email				
				l
<b>OVERDUE NOTICES</b> are a default for <b>all</b> patro	ons and will be deliv	ered via	email or printed and mail	ea.
ACCEPTANCE OF RESPONSIBILITY (Re	ecked out on this can of my card. Inge of personal informes. Ost, damaged and stores to a broad range of ces are appropriate for	mation (na blen library resources or my/our p	me, address, phone, email) materials and may be over and that it is my responsibi ersonal use.	, immediately. due charges. lity to judge for mys elf and for m
PATRON SIGNATURE			Date:	
FOR JUVENILES (AGE 0-13), PLEASE C				
Parent or Legal Guardian Signature			<del> </del>	
Please print Parent or Legal Guardian Name				
######################################	***************************************	#######	**********************	*********
FOR LIBRARY STAFF USE ONLY:		_	carriage la /LUD	. ID.
Type of registration:			taff initials/LIB verifying	
<ul><li>New patron</li><li>Lost</li><li>Renewal</li></ul>			roof of current address atron Category:	
Name Change (Former name	)		STAT (Sort 1):	

Send application to library of residence: \_\_\_\_\_ (optional) ID #: \_\_\_\_\_

\_\_\_ Patron has been issued card with barcode \_\_\_\_\_

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- 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, checkbook)

PATRON INFORMATION (please print):				
Name:				
l a	st	First	Middle	

Name:						
Last		First			Mi	ddle
Name on Photo ID (co	emplete if different that	n name abo	ove):			
Birthdate: /	/ Age Group:	□ 0-17	□ 18-61		<b>62</b> +	
Month Day	Year					
Mailing Address:	<del></del>					
	Street, RR/Fire Number or P.C		City or Villa		State	Zip
County of Residence:		To	ownship:			
Residential Address:	(Complete if different fi	om mailing	address)			
•	Number or P.O. Box		City or Village		State	Zip
Phone (						
	ck up my holds at:		<del></del>			
			(Name of Libra	ry or l	Bookmobile stop)	
MESSAGING PREFER	RENCES					
HOLD NOTICES						
☐ Email (same day	notification)				Phone call (next day not	ification)
☐ Text (next day n	otification, via cell phon	e only)			No hold notices	
` •	CES (2 DAYS PRIOR)	3,				
	OLO (Z DATO T MON)					
Email						
I will be responduntess I have present a loss     I will comply with     I understand that     I understand that children or minor  PATRON SIGNATUR	eviously reported the loss tor stolen card, or any chan all library rules and policit there will be charges for the library provides accest dependents, what resour	ecked out or of my card. ange of perso es. lost, damage ss to a broad ces are appro	n this card, incomation  and information  d and stolen lift  range of reson  opriate for my/	n (nai brary urces our p	me, address, phone, email) materials and may be over and that it is my responsible	·
•	• •					
-	Legal Guardian Nam			шшш		
		*#########	########	####	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	#######################################
FOR LIBRARY STA	FF USE ONLY:					
Type of registration:					taff initials/LIB verifying	-
	Address change				roof of current address	
	Renewal				atron Category:	
Name Change (Fo	ormer name		_)			
				Ρ	noto ID type:	

Send application to library of residence: \_\_\_\_\_\_ (optional) ID #: \_\_\_\_\_ \_\_\_ Patron has been issued card with barcode \_\_\_\_\_\_ from \_\_\_\_\_. Rev. 6/2022

### LIBRARY CARD APPLICATION



### **LINKCAT libraries - SCLS**

### **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, checkbook)

PATRON INFORMATION (please print):					
Name:					
	Last	First	Middle		
Name on Photo ID (complete if different than name above):					

Birthdate: \_\_\_\_ /\_\_\_ Age Group: 0-17 **18-61** 62+ Month Day Year Mailing Address: \_ Street, RR/Fire Number or P.O. Box City or Village State Zip County of Residence: \_ Township: \_ Residential Address: (Complete if different from mailing address) Street, RR/Fire Number or P.O. Box City or Village State Zip Email Phone (\_\_\_\_) \_\_\_\_ HOLDS: I prefer to pick up my holds at: \_\_\_\_\_ (Name of Library or Bookmobile stop) **MESSAGING PREFERENCES HOLD NOTICES** Email (same day notification) Phone call (next day notification) Text (next day notification, via cell phone only) No hold notices

**OVERDUE NOTICES** are a default for **all** patrons and will be delivered via email or printed and mailed.

# 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.

PRE-OVERDUE NOTICES (2 DAYS PRIOR)

**Email** 

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

children or minor dependents, what resources are appropriate	for my/our personal use.
PATRON SIGNATURE	Date:
FOR JUVENILES (AGE 0-17), PLEASE COMPLETE:	
Parent or Legal Guardian Signature	
Please print Parent or Legal Guardian Name:	
***************************************	***************************************
FOR LIBRARY STAFF USE ONLY:	
Type of registration:	Staff initials/LIB verifying ID:
New patron Address change	Proof of current address □
Lost Renewal	Patron Category:
Name Change (Former name)	PSTAT (Sort 1):
	Photo ID type:
Send application to library of residence:	(optional) ID #:
Patron has been issued card with barcode	from . Rev. 6/2022