

## LIBRARY CARD APPLICATION

(PORTAGE LIBRARY CONSORTIUM MEMBER)

## Dear Patron:

This form is a legal contract. Please read it in its entirety before signing.

Your personal information is kept strictly confidential per library policy.

You may access your account online using your four-digit PIN (last four numbers of your phone number) at <u>www.reedlibrary.org</u>.

## PLEASE PRINT

LAST NAME		FIRST NAME				MIDDLE NAME		
DATE OF BIRTH:	MONTH	DAY	YEAR	PHONE 1				
CURRENT MAILIN	IG ADDRE	SS			AP	PT # LOT #	P.O. BOX #	
CITY				STATE		ZIP	CODE	
EMAIL ADDRESS								
I WOULD LIKE TO RECEIVE NOTICES BY:			TEXT	EMAIL	MAIL PHONE CALL			
				for applicant(s) unc			*****	
Child's Name:						DOB:		
Last			First	M	Middle			
Child's Name:						DOB:		
Last			First	Mic	ldle			
Child's Name:						DOB:		
Last			First	Mid	dle			
I agree to be respondent late, lost and/or da			rials borrow	ed by the minor(s) a	and for all fin	es incurred, incl	luding charges for	
Signature of Parent/Guardian				DATE				
Relationship:								
*****	***********	******	*******	******	**********	*****	*****	
				(FULL ACCESS) TO CHECKED OUT ON		LIBRARY CAR	D	

I agree to abide by the rules and policies of the Reed Memorial Library and to be responsible for all fees and fines assessed for overdue, lost or damaged library items on my card.

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- I agree to give immediate notice of any change of address or a lost or stolen card. I understand that I am responsible for any items charged against a lost or stolen card until the library has been notified.
- I understand that any violation of the rules and policies including failure to pay fines or return materials will result in the loss of library privileges.
- I understand that Reed Memorial Library is not responsible for the malfunction of personal equipment that occurs during the use of the library's audiovisual items.

SIGNATURE	DATE

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## FOR LIBRARY USE ONLY

CARD TYPE: AD JUV SR ADA OUTR TL

REGISTRATION TAKEN BY: \_\_\_\_\_ DATE\_\_\_\_\_

revised: 03/23/2023