

LIBRARY CARD APPLICATION

Initials _____ BC# _____ <input type="checkbox"/> Adult <input type="checkbox"/> Teen <input type="checkbox"/> Digital <input type="checkbox"/> New Borrower

(Basic)

Name _____

LAST	FIRST	MIDDLE INITIAL
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(Privileges)

SELECT A "PASSWORD." [PIN] (4 Numbers): _____

(Demographics)

GENDER and AGE (User Cat1) **FEMALE** (1f) _____ **MALE** (1m) _____
check one

TOWNSHIP _____ **BIRTHDATE** _____

PARENT/GUARDIANS(S) 1. _____ **2.** _____ (For Teen Cards only)

(Addresses)

MAILING ADDRESS

NUMBER/STREET _____ **APT.** _____

CITY _____ **STATE** _____ **ZIP CODE** _____

PHONE _____ **E-MAIL** _____

TEXT MSG. NUMBER _____ (if you choose text message for your notices your service provider's normal text fees will apply)

(OPTIONAL FOR NOTICES)

Notify Me By (Check One)

- Phone
- E-Mail
- Text Msg.
- E-Mail and Text Msg.

BY SIGNING, I CERTIFY I UNDERSTAND AND AGREE TO ABIDE BY THE FOLLOWING LIBRARY REGULATIONS

- I assume full responsibility for all use of my Library Card and will pay all charges for late, lost, and damaged materials.
- I agree to abide by the Computer Use Policy of the Tuscarawas County Public Library and to waive any claims which may arise in connection with messages, materials, or graphics which I may encounter while using the Internet. I will be responsible for all data, messages, materials, or graphics that I generate and display through use of the Internet.

Signature _____ **Date** _____