



LIBRARY CARD APPLICATION

STAFF USE ONLY	
Initials _____	
BC# _____	
<input type="checkbox"/> Adult	<input type="checkbox"/> Student Card
<input type="checkbox"/> Teen	
<input type="checkbox"/> Digital	
<input type="checkbox"/> New Borrower	

(Basic)

Name _____
LAST FIRST MIDDLE INITIAL

Preferred Name _____

(Privileges)

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

(Demographics)

TOWNSHIP _____ BIRTHDATE _____

PARENT/GUARDIAN(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.

Preferred Language (Check One)

- English
- Spanish

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 _____