

# Library Card Application

Last name	First name	Middle name	Birthdate
Home phone	Work phone	Cell phone	
Mailing address	City	State	Zip
Street address (if mailing address is a box number)	City	State	Zip
Password			
<p>Please send notices regarding request items, overdue items, bills, etc. to:</p> <p>Choose one: <input type="checkbox"/> the mailing address listed above</p> <p><input type="checkbox"/> my email address: _____</p> <p><i>By providing your email address you agree to receive notices regarding your account and other District information.</i></p>			

The name, address and all other information provided on this application are true and correct.

**I agree:**

- to follow all the rules and regulations regarding use of my library card.
- to pay all fines, costs, or fees assessed by the District for overdue, lost, or damaged materials.
- that I am responsible for all material checked out with my library card, with or without my consent, and for all other use of the card.

**I understand that:**

- my library card allows me to borrow materials, access website services, and use library Internet computers, software stations, and other library card-based services that may be made available.
- failure to follow rules and regulations regarding use of my library card may result in suspension of library privileges.
- if fines, costs, or fees are not paid in a timely manner, my account may be referred to a collection agency and I will be responsible for any and all additional costs, including recovery fees permitted by state law and reasonable attorney's fees.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

**Parents & guardians** If applicant is age 17 and under, please read and sign below:

- As the parent/guardian, I have read the information on this application and I agree to be responsible for all use of my child's library card, choice of library materials, and Internet use.

\_\_\_\_\_  
Parent/guardian name (please print)

\_\_\_\_\_  
Parent/guardian signature

**STAFF USE ONLY**

Barcode # ___ 0922 ___	Date entered	Proof of ID	Initials	Location
Write data entered in extended fields:		<input type="checkbox"/> InDistrict <input type="checkbox"/> Spokane Paid <input type="checkbox"/> Out of County <input type="checkbox"/> LL Resident <input type="checkbox"/> Spokane Resident <input type="checkbox"/> LL Paid		
<input type="checkbox"/> Public <input type="checkbox"/> Unverified <input type="checkbox"/> Other _____	<input type="checkbox"/> Adult <input type="checkbox"/> Child <input type="checkbox"/> Teen			