# Library Card Application

<table>
<thead>
<tr>
<th>Last name</th>
<th>First name</th>
<th>Middle name</th>
<th>Birthdate</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Home phone</th>
<th>Work phone</th>
<th>Cell phone</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Mailing address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street address (if mailing address is a box number)</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

Please send notices regarding request items, overdue items, bills, etc. to:

Choose one:  
- [ ] the mailing address listed above  
- [ ] my email address:  _________________________________________________________________

**By providing your email address you agree to receive notices regarding your account and other District information.**

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 ___________________________

<table>
<thead>
<tr>
<th>Barcode #</th>
<th>Date entered</th>
<th>Proof of ID</th>
<th>Initials</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>0922</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Write data entered in extended fields:

- [ ] Public  
- [ ] Unverified  
- [ ] Other ___________________________  
- [ ] Adult  
- [ ] Child  
- [ ] Teen  
- [ ] Spokane Resident  
- [ ] LL Resident  
- [ ] Spokane Paid  
- [ ] LL Paid  
- [ ] Out of County