

**FAULKNER-VAN BUREN COUNTY REGIONAL LIBRARY SYSTEM
CARD APPLICATION**

DATE: _____

LIBRARY CARD#: _____

PLEASE USE BLACK OR BLUE INK AND PRINT YOUR RESPONSES CLEARLY

Last Name:			First (or Preferred) Name:		
Middle Name:			Date of Birth (MM/DD/YY):		
Preference (optional): He/Him She/Her They/Them We/Us			Alternate/Additional:		
Mailing Address:					
City:		State:		Zip:	
Primary Phone:			Secondary Phone:		
Item Available/Overdue Notification Preference (select one): Print/Mail <input type="checkbox"/> Email <input type="checkbox"/>					
Email Address (if applicable):					
I would like to receive emails about library programs and services. <input type="checkbox"/> YES <input type="checkbox"/> NO					
If over 18, would you like to register to vote? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> ALREADY REGISTERED					
Library patrons may choose to have their accounts linked at any point, however, all parties must be present to link accounts. Patrons with linked accounts may pick up and check out materials or place requests on behalf of other linked cardholders.					
Last Name		First Name		Card #	
Last Name		First Name		Card #	
Last Name		First Name		Card #	
Last Name		First Name		Card #	
PLEASE READ THIS SECTION CAREFULLY AND SIGN BELOW TO INDICATE YOUR AGREEMENT.					
By signing and submitting this application, I declare that all information provided is accurate to the best of my knowledge. I agree to accept responsibility for all use of this card, all materials checked out on this card, and all charges made against it. I understand that the use of my library card is non-transferrable, and in the event the card is lost or stolen I will notify the library immediately.					
If the potential cardholder is 12 years of age or younger, a parent or legal guardian must be present to sign the application. If the potential cardholder is 13 years of age or older, the applicant must provide their signature.					
Applicant OR Parent/Guardian's Name (Printed)					

Applicant OR Parent/Guardian's Signature					

_____ STAFF INITIALS