

ADULT APPLICATION FOR LIBRARY CARD

PIN _____
4 numbers only – no letters
(Staff member give PIN to applicant)

Need a PIN?

Name _____
First Middle Initial Last

Preferred First Name _____

Local Address _____
No. Street

City County State Zip Code (Zip + 4)

Telephone (____) _____ E-mail Address _____

Date of Birth _____
Month/Day/Year

Social Security # (last 4 digits only) _____
(optional)

Notification: Select Preferred Method of Notification for Overdue, Lost and Request Items:

Notices are sent as a courtesy. Non-receipt of a notice does not eliminate liability for outstanding materials or fines.

- E-mail Address Telephone

Borrowers must adhere to Library policy and procedures. Individuals are expected to return library materials on time and in good condition to avoid fines and possible referral to a collection agency which results in an additional fee. The Library is not responsible for any damages to electronic equipment incurred during the use of Library materials.

By signing this application, I accept responsibility for all materials and computer usage associated with my library card. This includes fines and/or fees incurred for overdue, lost, damaged or stolen items. I will immediately notify the Library if there is a change in name, address, e-mail address, telephone number or loss/theft of this card.

Signature _____ Date _____

Yes! I would like to receive periodic updates about Library services, programs and activities.

Permanent Address _____
(If different from reverse) No. Street

City State Zip Code (Zip + 4)

If not a resident of Erie County:

Employer's Name _____

Employer's Address _____
 No. Street

City State Zip Code (Zip + 4)

Staff Use Only below this line