LIBRARY CARD APPLICATION   LINKCAT libraries - SCLS

IDENTIFICATION REQUIRED:
- **Photo I.D.** (i.e. Driver's license, state I.D. card)
- **Proof of Current Address** (i.e. Driver's license, state I.D., recent mail, checkbook)

PATRON INFORMATION (please print):

Name: _____
           Last   First   Middle

Name on Photo ID (complete if different than name above): _____

Birthdate: _____ /_____ /_____ **Age Group**: ☐ 0-17 ☐ 18-61 ☐ 62+
        Month   Day   Year

Mailing Address: _____
    Street, RR/Fire Number or P.O. Box   City or Village   State   Zip

County of Residence: _____ **Township**: _____

Residential Address: (Complete if different from mailing address)

_____
    Street, RR/Fire Number or P.O. Box   City or Village   State   Zip

Email _____

Phone (_____) _____

HOLDS: I prefer to pick up my holds at: _____
                    (Name of Library or Bookmobile stop)

MESSAGING PREFERENCES
HOLD NOTICES

☐   Email   (same day notification)   ☐   Phone call (next day notification)

☐   Text   (next day notification, via cell phone only)   ☐   No hold notices

PRE-OVERDUE NOTICES (2 DAYS PRIOR)

☐   Email

OVERDUE NOTICES are a default for **all** patrons and will be delivered via email or printed and mailed.

ACCEPTANCE OF RESPONSIBILITY (**Read carefully!**)
- **I will be responsible for all materials checked out on this card**, including materials checked out by others with or without my consent, unless I have previously reported the loss of my card.
- I will report a lost or stolen card, or any change of personal information (name, address, phone, email), immediately.
- I will comply with all library rules and policies.
- I understand that there will be charges for lost, damaged and stolen library materials and may be overdue charges.
- I understand that the library provides access to a broad range of resources and that it is my responsibility to judge for myself and for my children or minor dependents, what resources are appropriate for my/our personal use.

PATRON SIGNATURE _____ **Date**: _____

FOR JUVENILES (AGE 0-17), PLEASE COMPLETE:

Parent or Legal Guardian Signature_____

Please print Parent or Legal Guardian Name: _____

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FOR LIBRARY STAFF USE ONLY:

Type of registration: Staff initials/LIB verifying ID: _____

__ New patron   __ Address change   Proof of current address ☐

__ Lost   __ Renewal   Patron Category: _____

__ Name Change (Former name _____)   PSTAT (Sort 1): _____

                         Photo ID type: _____

Send application to library of residence: _____ (optional) ID #: _____

__ Patron has been issued card with barcode _____ from _____.   Rev. 6/2022