

Appendix I: Adult, Family, Youth, Seasonal and Temporary Library Card Application

Date issued _____

TYPE OF CARD: ☐ Adult ☐ Family* ☐ Youth (7-15 years)** ☐ Seasonal***
☐ Temporary *** (3 months)

Please provide the following information, as well as additional information requested for each card type.

Name _____

Mailing address _____

Home phone _____ Cell phone _____

e-mail address _____

Preferred means of notification: ☐ e-mail ☐ Home phone ☐ Cell phone

Please read and sign: By borrowing materials from the Library, I agree to return the materials to the Library by the stated deadline and in the same condition as they were when borrowed. I am responsible for fines and fees incurred, including charges for lost and damaged materials.

I HAVE READ AND AGREE TO ABIDE BY ALL GHBML CARD POLICIES.

Signature _____ Date _____

IMPORTANT PRIVACY NOTICE: The following persons are authorized to receive notifications regarding my account (i.e. books on hold, overdue books) and to pick up books being held for me.

Name _____ Initials ()

Name _____ Initials ()

THE APPLICATION INFORMATION SHALL BE VERIFIED EVERY 3 YEARS BY THE CARDHOLDER OR THE ACCOUNT WILL BE SUSPENDED AND A \$5.00 FEE WILL BE CHARGED TO OPEN A NEW ACCOUNT.

Signature _____ Date _____

*** FAMILY CARD Please list family members to be included on this card:**

Name _____ Name _____

Name _____ Name _____

Name _____ Name _____

Yes, please send me e-mail notification of upcoming Library programs for:

☐ Preschoolers ☐ Children ☐ Teens ☐ Adults ☐ Family
☐ Friends of the Library ☐ Book Discussions ☐ Volunteer Opportunities

**** YOUTH CARD HOLDER (UNDER 16 YEARS OF AGE):**

PARENT/GUARDIAN OF CARD HOLDER UNDER AGE 16, PLEASE READ AND SIGN:

I AGREE TO BE RESPONSIBLE FOR MATERIALS BORROWED BY THE YOUTH (S) NAMED BELOW AND FOR FINES AND FEES INCURRED, INCLUDING CHARGES FOR LOST AND DAMAGED MATERIALS. I UNDERSTAND THAT IT IS MY RESPONSIBILITY, AND NOT THAT OF THE LIBRARIANS, TO MONITOR MY YOUTH'S ACCESS TO LIBRARY MATERIALS. I FURTHER ACKNOWLEDGE THAT UNLESS MY YOUTH HAS LISTED ME IN THE PRIVACY SECTION, I WILL NOT HAVE ACCESS TO HIS/HER ACCOUNT.

Youth's printed name _____
Parent/Guardian Signature _____
Printed Parent/Guardian name _____
Mailing address _____

Home Phone _____ Cell phone _____
e-mail address _____

***** SEASONAL OR TEMPORARY RESIDENT CARD HOLDER**

Seasonal or Temporary Resident please print your permanent address:

P.O. Box or Street _____
City/Town _____
State _____ Zip Code _____ Phone _____
e-mail address _____

LIBRARY STAFF USE ONLY

Library Card Issued:

Date _____	Barcode _____
Date _____	Barcode _____
Date _____	Barcode _____

3-Year verification of information:

Date _____	Patron Initial _____
Date _____	Patron Initial _____
Date _____	Patron Initial _____
Date _____	Patron Initial _____