**Elisha D. Smith Public Library Card Application**

(Please PRINT clearly)

|  |
| --- |
|  |
| Last Name | First Name  |  Middle Initial |
|  |
| Street Address, City, State, Zip Code |
|  |  |  |
| County | Township *(if applicable)* |
|  |

|  |  |
| --- | --- |
| Birthdate | Phone Number |
| If you would like to receive all overdue/reserve notices via email, please enter your email address:  |
|  |
| E-mail Address *(Please print clearly)* |

|  |
| --- |
| I agree to adhere to the rules of the Public Library and to be responsible for all use made of my card until it is reported lost or stolen.  |
| Signature: |  | Date: |  |

|  |
| --- |
| **If under 12 years old:****Printed name** of parent or guardian with whom you live: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Signature** of parent or guardian with whom you live: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 🞏 Check if you want your child’s card restricted to only materials in the Children’s Room. This restriction will be removed at age 12.  |

🞏 Check here to opt out of receiving the library’s monthly e-mail newsletter.

If the library were to send information on the following areas, I would be interested in receiving: (check all areas of interest)

* Computer Tutoring
* Friends of the Library
* Home School Resources
* Legislation Affecting Libraries
* Library Needs/Gifts to the Library
* New Materials
* Upcoming Events
* Volunteer Opportunities
* Other

**Confidentiality of Library Records**

The Board of Trustees and Administration of this Public Library recognize that the reading activity and interests of library users are and should be private.

***This Public Library keeps confidential all information about patrons and their library use.***

**★ Staff Use ONLY ★**

Library Card # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pin #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_ Staff Initials: \_\_\_\_\_\_\_\_\_\_