LIBRARY CARD APPLICATION

(Basic)

Name ____________________________________________________________

LAST       FIRST       MIDDLE INITIAL

(Privileges)

SELECT A “PASSWORD.” [PIN] (4 Numbers): ______ ______ ______ _____

(Demographics)

GENDER    FEMALE _____  MALE _____  OTHER _______ PREFER NOT TO SAY _______
(check one)

TOWNSHIP_________________________  BIRTHDATE __________________________

PARENT/GUARDIAN(S) 1._________________________  2._________________________
(For Teen Cards only)

(Addresses)

MAILING ADDRESS

NUMBER/STREET____________________________________________________ APT.________________

CITY____________________________________ STATE ______  ZIP CODE_______________

PHONE_________________________________  E-MAIL _______________________________

TEXT MSG. NUMBER _________________________________ (if you choose text message for your
(notices your service provider’s normal text fees will apply)

Notify Me By (Check One)

□ Phone
□ E-Mail
□ Text Msg.
□ E-Mail and Text Msg.

BY SIGNING, I CERTIFY I UNDERSTAND AND AGREE TO ABIDE BY THE FOLLOWING LIBRARY REGULATIONS

• I assume full responsibility for all use of my Library Card and will pay all charges for late, lost, and damaged materials.
• I agree to abide by the Computer Use Policy of the Tuscarawas County Public Library and to waive any claims which may arise in connection with messages, materials, or graphics which I may encounter while using the Internet. I will be responsible for all data, messages, materials, or graphics that I generate and display through use of the Internet.

Signature ____________________________________________    Date _______________________

Initials__________________________ BC#_________________________________