

# LIBRARY CARD APPLICATION

(CURRENT ID REQUIRED)

**PLEASE WRITE LEGIBLY**

|                                    |       |            |                                    |  |   |
|------------------------------------|-------|------------|------------------------------------|--|---|
| LAST NAME                          |       | FIRST NAME |                                    | FULL MIDDLE NAME   |   |
| MAILING ADDRESS                    |       |            |                                    | APT. NO  |   |
| CITY                               | STATE | ZIP CODE   | DATE OF BIRTH (MM/DD/YYYY)         | I AM 16 OR OLDER   |   |
|                                    |       |            |                                    | <input type="checkbox"/> YES <input type="checkbox"/> NO |   |
| HOME PHONE NUMBER (WITH AREA CODE) |       |            | CELL PHONE NUMBER (WITH AREA CODE) |  | PREFERRED PHONE   |
|                                    |       |            |                                    |  | <input type="checkbox"/> HOME <input type="checkbox"/> CELL |
| E-MAIL ADDRESS                     |       |            | FORMER OR MAIDEN NAMES             |  |   |
|                                    |       |            |                                    |  |   |

**PIN NUMBER**    Create a custom **PIN number** to access your account from home, log onto Library PCs, register for library programs, place holds, renew checked out items, read online magazines, download audiobooks, use online databases and more!

|  |       |
|--|-------|
| <input type="checkbox"/> I WANT A CUSTOM 4-DIGIT PIN NUMBER<br><br><input type="checkbox"/> I PREFER A RANDOMLY GENERATED PIN NUMBER | _____ |
|--|-------|

**NOTIFICATION OPTIONS**    How do you wish to be notified of items on hold, overdue materials and fines?

|  |  |            |           |       |       |
|--|--|------------|-----------|-------|-------|
| <input type="checkbox"/> <b>BY E-MAIL</b>  | Would you like to authorize another person to have access to your account? <input type="checkbox"/> YES <input type="checkbox"/> NO  |            |           |       |       |
| <input type="checkbox"/> <b>BY PHONE</b>   | <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">FIRST NAME</td> <td style="width: 50%; border: none;">LAST NAME</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table> | FIRST NAME | LAST NAME | _____ | _____ |
| FIRST NAME   | LAST NAME  |            |           |       |       |
| _____  | _____  |            |           |       |       |
| Would you like to receive information about Library programs and services via e-mail? (e-mail address required) <input type="checkbox"/> YES <input type="checkbox"/> NO                   |  |            |           |       |       |
| Your home library is the default pickup location for your holds. Would you like it to be this library? <input type="checkbox"/> YES <input type="checkbox"/> NO, A DIFFERENT ONE:<br>_____ |  |            |           |       |       |

**RESPONSIBILITY**

I AGREE to be responsible for all materials checked out on this card, fines and fees incurred and understand that until I notify the Johnson County Library of a lost or stolen library card, I am responsible for all materials and services charged to it. I understand that my library card may be revoked and my privileges to use the library restricted or revoked if I fail to comply with library rules and regulations.

\_\_\_\_\_

SIGNATURE

**FOR PARENT OR LEGAL GUARDIAN OF APPLICANTS UNDER AGE 16**

I agree to be responsible for all materials checked out on this card and for the selection of all materials made by my child, including but not limited to, books, periodicals, audiovisual materials, and materials accessed on library computer workstations. I understand that until I notify the Johnson County Library of a lost or stolen library card, I am responsible for all materials and services charged to it.

|  |  |
|--|--|
| _____<br>SIGNATURE OF PARENT OR LEGAL GUARDIAN     | _____<br>PRINTED FULL NAME OF PARENT OR LEGAL GUARDIAN         |
| _____<br>MAILING ADDRESS (IF DIFFERENT THAN ABOVE) | _____<br>PHONE NUMBER WITH AREA CODE (IF DIFFERENT THAN ABOVE) |
| _____<br>CITY/STATE/ZIP (IF DIFFERENT THAN ABOVE)  | _____<br>E-MAIL ADDRESS (IF DIFFERENT THAN ABOVE)              |