
First	Middle	Last
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Preferred Name (optional): ☐ I would like the Library to use my preferred name.

Date of Birth (MM/DD/YYYY)	Name of Facility, if any
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Mailing Address	Apt
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City	State	Zip
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Email Address	Phone
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Library Card Number:

If you do not have a library card, we will issue one and mail it to you.

Secondary Contact (Authorize to discuss this account)

Name	Relationship
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Phone	Email
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Are you eligible to participate under the USPS program "Free Matter for the Blind": ☐ **Yes**

I affirm that I am unable to travel to the Johnson County Library due to lack of ☐ **Yes** transportation, disability, or injury.

Home Connect Use Agreement - Please read and sign below

I apply for the privilege of borrowing library materials from the Johnson County Library HomeConnect Service. I give permission for library staff to use my card number to check out materials on my behalf. I agree that a record of my interests and check out history may be kept, with the understanding that my check out history and interests will be kept confidential. I agree to be responsible for all materials checked out to this card, and for replacement costs of any lost or damaged materials. I declare that I am homebound and unable to come to the library.

Signature	Date
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