

LIBRARY CARD APPLICATION



YOUR INFORMATION

NAME _____
(First) (Middle) (Last) (Jr./Sr.)

BIRTHDATE _____ **PHONE** _____
(MM/DD/YYYY)

ADDRESS CURRENT RESIDENTIAL ADDRESS

(House # and Street) (Apt.#)

(City) (State) (Zip Code) (County)

MAILING ADDRESS (IF DIFFERENT)

(House # and Street) (Apt.#)

(City) (State) (Zip Code) (County)

EMAIL _____

DRIVER'S LICENSE # _____

TERMS AND CONDITIONS

AS A PATRON OF MISSOURI RIVER REGIONAL LIBRARY, I AGREE:

- To be responsible for all items checked out on this card.
- To pay for damages to items checked out on this card.
- To pay the replacement cost of lost items.
- To have this card each time items are checked out or renewed, and to use the computer center.
- To report the loss or theft of card immediately.
- To not lend this card to anyone else.
- To accept responsibility for all fines incurred.
- To abide by present and future rules of the library, including computer and Internet access policies.

I UNDERSTAND THAT:

- All cards expire every two years; renewals are free of charge.
- The replacement cost of a card is \$1.00 if the card is lost or damaged.

SIGNATURE

CARD HOLDER'S SIGNATURE

Internet access: Allowed Not Allowed

DATE

Parents or guardians of minors (17 and under) **must complete** the Informed Consent of Library Usage for Minor Child form found on the next page.

LIBRARY USE ONLY:

LIBRARY CARD NUMBER _____ **STAFF INITIALS** _____

- Resident Card Temporary Card Non-Residential Property Owner Bookmobile Card Limited Card Minor Patron
- Reciprocal Card Institution College Student Homebound Card Non-Residential Card