



# MARGARET E. HEGGAN FREE PUBLIC LIBRARY LIBRARY CARD APPLICATION

**NAME:**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

**ADDRESS:**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**CONTACT INFORMATION:**

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Please create a four-digit personal identification number (PIN): \_\_\_\_ \_

I would like notices about my account to be sent via (check one):  Home Phone  Cell Phone  Email

*I apply for the right to borrow materials from the Margaret E. Heggan Free Public Library, and I agree to comply with all library rules and regulations. I understand that I will be financially responsible for any fees, fines, or lost materials related to my account. I will contact the library immediately if my library card is lost or stolen. I will give immediate notice of any changes of address.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please continue below if you wish to obtain a library card for a minor or minors. Minors must be present to be issued a library card.*

**Please provide the child's full legal name and birth date.** (Barcode number to be filled in by staff.)

Last: _____	Last: _____	Last: _____
First: _____	First: _____	First: _____
Middle Initial: _____	Middle Initial: _____	Middle Initial: _____
Birth date: _____	Birth date: _____	Birth date: _____
Barcode 26110000 _____	Barcode 26110000 _____	Barcode 26110000 _____

*If obtaining a library card for a minor or minors, I understand that I will be financially responsible for any fees, fines, or lost materials related to their account. I will contact the library immediately if their library card is lost or stolen. I will give immediate notice of any change of address.*

*Parents and/or legal guardians are responsible for supervising their children in the use of the library and its materials. The library does not assume responsibility for materials used, borrowed, or accessed by minor children which may be found objectionable by their parents.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Staff Use Only**

Last five digits of valid driver's license: \_\_\_\_ \_

If driver's license is unavailable, list other form of ID used: \_\_\_\_\_

Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Barcode 26110000 \_\_\_\_\_

**Staff Initials**