

LAKE BLUFF PUBLIC LIBRARY CARD APPLICATION -- FAMILY

APPLICANT 1 INFORMATION (PARENT/GUARDIAN)

Mr./Ms	First Name	M. I.	Last Name	Jr./Sr./III	Preferred Name/Nickname (if different from first name)	
Street Address		Apt. #	City	Zip Code	Phone #	Email
I would prefer to be contacted by: <input type="checkbox"/> Phone or <input type="checkbox"/> Email		Would you like to sign up for our email newsletter? <input type="checkbox"/> Yes <input type="checkbox"/> No				

STATEMENT OF RESPONSIBILITY

I certify that the information on this form is correct. I agree to abide by the policies and procedures of the Lake Bluff Public Library and accept full responsibility for materials checked out on this card, including any fines and fees incurred.

Applicant's Signature _____ Date: _____

APPLICANT 2-6 INFORMATION (CHILDREN UNDER THE AGE OF 18)

Applicant 2

Mr./Ms	First Name	M. I.	Last Name	Jr./Sr./III	Preferred Name/Nickname (if different from first name)	
D. O. B.	I would prefer to be contacted by: <input type="checkbox"/> Phone or <input type="checkbox"/> Email	Phone # (if different from above)			Email (if different from above)	

Applicant 3

Mr./Ms	First Name	M. I.	Last Name	Jr./Sr./III	Preferred Name/Nickname (if different from first name)	
D. O. B.	I would prefer to be contacted by: <input type="checkbox"/> Phone or <input type="checkbox"/> Email	Phone # (if different from above)			Email (if different from above)	

Applicant 4

Mr./Ms	First Name	M. I.	Last Name	Jr./Sr./III	Preferred Name/Nickname (if different from first name)	
D. O. B.	I would prefer to be contacted by: <input type="checkbox"/> Phone or <input type="checkbox"/> Email	Phone # (if different from above)			Email (if different from above)	

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Applicant 5

<i>Mr./Ms</i>	<i>First Name</i>	<i>M. I.</i>	<i>Last Name</i>	<i>Jr./Sr./III</i>	<i>Preferred Name/Nickname (if different from first name)</i>
<i>D. O. B.</i>	<i>I would prefer to be contacted by:</i> <input type="checkbox"/> Phone or <input type="checkbox"/> Email	<i>Phone # (if different from above)</i>		<i>Email (if different from above)</i>	

Applicant 6

<i>Mr./Ms</i>	<i>First Name</i>	<i>M. I.</i>	<i>Last Name</i>	<i>Jr./Sr./III</i>	<i>Preferred Name/Nickname (if different from first name)</i>
<i>D. O. B.</i>	<i>I would prefer to be contacted by:</i> <input type="checkbox"/> Phone or <input type="checkbox"/> Email	<i>Phone # (if different from above)</i>		<i>Email (if different from above)</i>	

PARENT/GUARDIAN STATEMENT OF RESPONSIBILITY

I agree to be responsible for the listed applicants' compliance of library policy and procedure. I accept full responsibility for the materials checked out on these cards, including and fines and fees incurred. I am aware that there are no age restrictions on borrowing any library materials and I accept the responsibility for the applicants' selection of materials.

Parent's Signature _____ Date: _____

STAFF USE ONLY

AR = Adult Resident ANR = Adult Non-Resident ARC = Adult Reciprocal
 JR = Juvenile Resident JNR = Juvenile Non-Resident JRC = Juvenile Reciprocal

Applicant	Barcode	Card Type	Expiration Date (Reciprocal Only)	Verified at Home Library? (Reciprocal Only)	Home Library (Reciprocal Only)
Applicant 1					
Applicant 2					
Applicant 3					
Applicant 4					
Applicant 5					
Applicant 6					

Staff Initials: _____ Date: _____