

LAKE BLUFF PUBLIC LIBRARY CARD APPLICATION -- IGA CARDS (MORE THAN ONE APPLICANT)

Name(s) of students in your household: _____

Please check **ONE** option:

- Your household has purchased or intends to purchase a non-resident card.
→ If you choose this option, you are done! No need to fill out the rest of this form.

- You would like to apply for an IGA Card or switch your non-resident card to an IGA Card.
→ Please fill out the application below.
→ If you have an active non-resident card, your IGA card will be issued after your non-resident card expires

PARENT/GUARDIAN STATEMENT OF RESPONSIBILITY

My signature in the space below indicates that I understand and agree to the following:

- I understand that this card has been issued for the sole and exclusive use of my children.
- I understand that use of these cards by individuals other than the cardholders is not permitted. I understand that family members are not authorized to use these cards. I understand that unauthorized use of these cards may result in a suspension of card privileges.
- I agree to be responsible for the applicants' compliance of library policy and procedure.
- I accept full responsibility for the materials checked out on these cards, including any fines and fees incurred.
- I am aware that there are no age restrictions on borrowing any library materials and I accept responsibility for the applicants' selection of materials.
- I certify that the information on this form is correct.

Parent/Guardian Name: _____
Last Name
First Name
M. I.

Parent's Signature: _____ Date: _____

HOUSEHOLD INFORMATION

<i>Street Address</i>	<i>Apt. #</i>	<i>City</i>	<i>Zip Code</i>	<i>Phone #</i>	<i>Email</i>
<i>I would prefer to be contacted by:</i> <input type="checkbox"/> Phone Call or <input type="checkbox"/> Email		<i>Would you like to sign up for our email newsletter?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No			

(application continues on next page!)

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CARD APPLICANTS

Applicant 1

<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</i>	<i>D. O. B.</i>
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Phone, email, & contact preference same as household?

Yes No (please write any different contact info here):

Applicant 2

<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</i>	<i>D. O. B.</i>
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Phone, email, & contact preference same as household?

Yes No (please write any different contact info here):

Applicant 3

<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</i>	<i>D. O. B.</i>
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Phone, email, & contact preference same as household?

Yes No (please write any different contact info here):

Applicant 4

<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</i>	<i>D. O. B.</i>
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Phone, email, & contact preference same as household?

Yes No (please write any different contact info here):

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</i>	<i>D. O. B.</i>
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Phone, email, & contact preference same as household?

Yes No (please write any different contact info here):

STAFF USE ONLY

Registration Type:

Regular

Effective when NR card expires on: _____

Applicant First Name	Barcode	D65/D115	Exp. Date	Added address, phone, email, birthday, etc. in circ?
1				
2				
3				
4				
5				

Staff Initials: _____

Date: _____