

**LAKE BLUFF PUBLIC LIBRARY CARD APPLICATION – INTERGOVERNMENTAL AGREEMENT CARDS**

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

**APPLICANT INFORMATION**

<i>First Name</i>	<i>M. I.</i>	<i>Last Name</i>	<i>Jr./Sr./III</i>	<i>DOB(mm/dd/yy)</i>
-------------------	--------------	------------------	--------------------	----------------------

Preferred name/nickname (if different from above): \_\_\_\_\_

<i>Street Address</i>	<i>Apt # (if applicable)</i>	<i>City</i>	<i>Zip Code</i>
-----------------------	------------------------------	-------------	-----------------

<i>Phone Number</i>	<i>Email Address</i>	<i>Contact me by:</i> <input type="checkbox"/> Phone Call <b>OR</b> <input type="checkbox"/> Email	<i>Would you like to sign up for our email newsletter?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
---------------------	----------------------	--	--

**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 the cardholder.
- I understand that use of this card by individuals other than the cardholder is not permitted. I understand that family members are not authorized to use this card. I understand that unauthorized use of this card may result in a suspension of card privileges.
- I agree to comply with library policy and procedure.
- I accept full responsibility for the materials checked out on this card, including any fines and fees incurred.
- I certify that the information on this form is correct.
- If signing on behalf of a minor (age 0-17) applicant:
  - I agree to be responsible for the applicant’s compliance with library policy and procedure.
  - I am aware there are no age restrictions on borrowing library materials and I accept responsibility for the applicant’s selection of materials.

**Applicants 18 and older:**

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

**Applicants Ages 0-17:**

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

**STAFF USE ONLY**

**Card Type:**     D65 Student                       D115 Student                       Forest Bluff Student  
**Registration Type:**     Regular                                       Effective when NR card expires on: \_\_\_\_\_

**Barcode Number:** \_\_\_\_\_                      **Staff Initials:** \_\_\_\_\_

Added address, phone, email, birthday, etc. in circ?