LAKE BLUFF PUBLIC LIBRARY CARD APPLICATION

APPLICANT INFORMATION

Mr./Ms.	*First Name*	*M. I.*	*Last Name*	*Jr./Sr./III*

Preferred name/nickname (if different from above): _____

Street Address	*Apt # (if applicable)*
City	*Zip Code*

Phone Number	*Email Address*

I would prefer to be contacted by: ☐ Phone **or** ☐ Email

Would you like to sign up for our email newsletter? ☐ Yes ☐ 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: _____

PARENT OR GUARDIAN STATEMENT OF RESPONSIBILITY

I agree to be responsible for the applicant's compliance of library policy and procedure. I accept full responsibility for the materials checked out on this card, 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 applicant's selection of materials.

Applicant's Date of Birth _____/_____/_____

Parent/Guardian Name: _____

Last Name First Name M. I.

Parent's Signature_____ Date: _____

STAFF USE ONLY

Card Type: ☐ Adult Resident ☐ Adult Non-Resident ☐ Adult Reciprocal ☐ Staff
☐ Juvenile Resident ☐ Juvenile Non-Resident ☐ Juvenile Reciprocal

Barcode Number: _____ **Staff Initials:** _____

RECIPROCAL ONLY:

Home Library: _____ **Card Expires:** _____ ☐ Verified at home library?