LAKE BLUFF PUBLIC LIBRARY CARD APPLICATION

APPLICANT INFORMATION

Mr./Ms.	First Name	М. 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 materials checked out on this card, including and fines ar borrowing any library materials and I accept the responsi	f library policy and procec d fees incurred. I am awa	e that the	ere are no age restrictions o				

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					
	Iuvenile Resident	Juvenile Non-Resident	Juvenile Reciprocal						
Barcode Number:			Staff Initials:						
RECIPROCAL ONLY:									
Home Library:		D Veri	fied at home library?						