

# Library Card Application @ Clifton Park-Halfmoon Public Library

Name:  M \_\_\_ First \_\_\_\_\_ MI \_\_\_ Last \_\_\_\_\_

Mailing Address: \_\_\_\_\_, \_\_\_\_\_, NY \_\_\_\_\_  
street town zip

Apt: \_\_\_\_\_ Box: \_\_\_\_\_ Lot: \_\_\_\_\_ Town of: \_\_\_\_\_  
(If different than mailing address)

Permanent Address: \_\_\_\_\_  
(If different than mailing address)

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email Correspondence: Yes  due dates & reserve notification monthly E-newsletter No  
\_\_\_\_\_ email address

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver's License #: \_\_\_\_\_ Other ID: \_\_\_\_\_  
If no DL

Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
town zip

Is this card for a youth in grade 6 or under?  Yes  No

Parent/Guardian Name: \_\_\_\_\_

(Complete the following only if different than above)

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
street, town, zip

Would you like **Internet** access?  Yes  No Over 18 years old?  Yes  No  
Parental consent is required if under 18, see Circulation staff for more information.

## Please Read:

I (We, parent & child) agree to observe all rules established by the Library and will be responsible for all materials borrowed on my card. I also agree to pay fines or other charges imposed for late returns, loss or mutilation of Library materials. I will notify the Library if my card is lost or if I change my name or address.

Signature of Borrower \_\_\_\_\_

Signature of Parent/Guardian for Youth in grades 6 or under \_\_\_\_\_

### Staff Use:

Address verified?  Yes  No ID seen?  Yes  No

Barcode Number: 10006 \_\_\_\_\_

Date/Initials:

8/2010 @