



## ADULT CARD APPLICATION

**APPLICANT MUST PRESENT IDENTIFICATION WITH CURRENT ADDRESS**

\_\_\_\_\_  
Last First Middle Initial

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code School District County

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Contact Number Month/Date/Year of Birth Photo ID Number

box if 60 or older

\_\_\_\_ Address change      \_\_\_\_ Name change      \_\_\_\_ Contact number change

I agree to observe all rules established by the Library, and will be responsible for all materials borrowed on my card. I agree to pay any fines or other charges imposed for late return or mutilation of library materials. I will notify the library immediately in case of loss or theft of this card. I understand that only personal information that is required to obtain a card is being collected and that such information that is necessary is accessible by all CLEVNET member libraries.

Signature \_\_\_\_\_

**CUSTOMER MUST PRESENT LIBRARY CARD FOR ALL TRANSACTIONS  
REPLACEMENT CARDS ARE \$1.00**

\_\_\_\_\_  
**LIBRARY USE ONLY**

**LIBRARY CARD ID #28085000** \_\_\_\_\_

**Staff Initials** \_\_\_\_\_

**Date** \_\_\_\_\_