

Chanute Public Library
Library Card Application

Date: _____

NAME: _____ Male Female
Please print: Last First Middle Initial

PRIMARY PHONE: (_____) _____ DATE OF BIRTH _____
mm / dd / yy

SECONDARY PHONE: _____ CELL BUSINESS

E-MAIL ADDRESS: _____
(Please provide if you would like faster library notices)
Ø = zero, O = letter; 1 = number one; l = lowercase "L". (Clearly print numbers and letters)

MAILING ADDRESS: _____
Street Address Apt. #
City State Zip

RESIDENCE ADDRESS: _____
(If different than mailing address) Street Address City State Zip

PARENT or LEGAL GUARDIAN'S NAME IF PATRON IS UNDER THE AGE OF 18: (Parent is responsible for the selection and return of materials borrowed by this child.)

_____ Last First Middle Initial

PHONE:(_____) _____ Called Postcard

Do you want your child to have Internet Access on library computers? _____ YES _____ No

I agree to have my child's photo taken for library staff use _____ Yes _____ No

I have been given a copy of the library's policies. I agree to be bound by their terms and to comply with them in full. In addition, I accept full responsibility for all materials checked out on this card and for all charges associated with its use.

SIGNATURE: _____
(Parent or guardian if applicant is under 18)

Library Staff Use Only:

- Adult
- Young Adult
- Juvenile

Staff Initials _____ Bar Code # _____