

Windsor Storm Memorial Library LIBRARY CARD APPLICATION

Today's Date ____ / ____ / ____

PLEASE PRINT CLEARLY

Birth Date ____ / ____ / ____
MM DD YY

Name _____
First MI Last

Mailing Address _____
Street Apt. #

City State Zip

Phone (____) ____ - ____ Signature _____

E-mail _____ Drivers License/State ID _____

How do you want to receive information about this account?

Phone E-mail TEXT if requesting text please provide carrier _____

BORROWER'S AGREEMENT

*** Read Before Signing!

I agree:

- To be responsible for all materials borrowed with my card.
- To pay all fines and fees associated with my card.
- To report the loss, theft, or abuse of my card immediately. I understand that I am responsible for all fines and fees and any items checked out on my card prior to being reported lost or stolen.
- To report changes in my account information.
- This is my only Library card from the Windsor Storm Memorial Public Library

Your Signature:

X _____ Date _____

Library Card Number