

COMMUNITY PATRON APPLICATION

Please print clearly when completing the application. Applicants must show a valid federal or state photo ID. Applications may take up to one business day to process. Information on file will need to be confirmed annually.

Application Date _____

First Name: _____

Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone: _____ Home Cell Work

If your dependent will also be using this card, please provide their name(s)

By signing this application form you are agreeing to be responsible for the safe and timely return of library materials and are agreeing to pay any charges or replacement costs for lost or damaged materials.

Applicant Signature

Date

Library use

Applicant photo ID attached:

Date card picked up: _____

Annual renewal confirmation (date and staff initial)

