

## **Library Card Application**

Basic Information:				
Last Name	First		Middle	
Choose any FOUR digit number: PIN				
Birthdate (xx/xx/xxxx)///		○ 17 or you	ınger * See bel	ow
		,	3	
Contact Information:				
Main Phone: ()	Notification Preference	ce: O Email	O Text	O Phone
Mailing Address:			Apt	_ P.O. Box
City/State:		_ Zip:	County	:
Email:				
Secondary (If different from mailing add	ress):			
Street:		Apt	P.O. Bo	x
City/State:		_ Zip:		
Phone (If different from main phone): (	))			
Manual Messages – an alert that there is User Announcements – a message alert Library messages are provided as a courtesy servicany card for which you are responsible. You can access Mobile Phone (for text messages): (	ting you to important library new ce only. Patron is responsible for the times your account at our website or by co	mely return of ite alling a Delaward	e Library System ( 	
*Parent/Guardian Information:				
Name of Parent or Legal Guardian:				
have read the Library's Internet Policy and w				
Internet Access O Full O Limited (Library	y supplied databases and softwa	re only)		
Downat/Cuardian Circurture			Date	
Parent/Guardian Signature:			Date:	
For staff use only:				
Date:	Barcode:			
City of O Dover O Harrington O Smyri	na O Milford School District			
Profile Name if not Resident: O NONRES	O NRPO O Temp O Other			
Staff Name:				