

Munford-Tipton County Memorial Library - CARD APPLICATION

PLEASE PROVIDE WORKING PHONE NUMBERS

PLEASE PRINT

First Name _____ Middle _____ Last _____

Address _____ City _____ Zip _____

Physical Address if different from mailing _____

Date of Birth _____ Primary Phone Number _____

Secondary Number _____

Email Address _____

Local Reference Name _____ Phone _____

*This person will ONLY be contacted if you have overdue materials and we are unable to get ahold of you.

Juveniles/Others in Household Receiving Card

First Name _____ Middle _____ Last _____ DOB _____

First Name _____ Middle _____ Last _____ DOB _____

First Name _____ Middle _____ Last _____ DOB _____

First Name _____ Middle _____ Last _____ DOB _____

My child(ren) can check out and use the following:

Easy Reader ___ Chapter Books ___ Young Adult ___ Adult ___ Christian ___ Computers ___ DVD/Video ___

Please read and Sign:

-I give permission for myself and the minors listed above to receive library privileges.

-I agree to be responsible for all materials borrowed on the above accounts, and for all fines, fees and damaged materials.

-I understand that I am responsible for all minors listed above, that they will follow library rules of borrowing, computer policies, and patron behavior. I understand that if any of the above people fail to comply with these rules, they may have their library privileges suspended or revoked.

- I agree to be responsible for ensuring materials borrowed by any people listed on this application is appropriate. I agree to not hold the library responsible for any material that my minor checks out, that I feel may be inappropriate.

-I attest that the information above is true and correct. My signature on this application indicates my agreement to follow the libraries rules and policies in exchange for access to the libraries collections and services. **I accept responsibility for all materials charged to this card, including fines and fees.**

I, and all members of my household listed above, agree to abide by all rules and policies set forth by the Library Board, and to give prompt notice of any change in address or phone number.

Signature _____ **Date** _____

STAFF ONLY BARCODE _____ INITIAL _____