



Old Town Public Library

Library Card Application

Last Name First Name Middle Initial

Parent's Last Name (if under 18 yrs. of age) First Name Middle Initial

Mailing Address City State Zip Code

Residence Address (if different from mailing address) City State Zip Code

Home Phone Cell Phone Work Phone

Email Address Date of Birth

Do you reside or pay taxes for property in Old Town? Yes No

Are you a homeschooler or teacher? No Homeschooler Teacher / Name of school: _____

How do you wish to receive notifications for items you have put on hold? Phone Email

By applying for the privilege of borrowing from the Old Town Public Library, I accept responsibility for all materials borrowed with this card. I agree to follow Library policies, including those for materials and for access to resources on the Internet or through other online or electronic means. I, also, agree to abide by the Old Town Public Library Internet Acceptable Use Policy when using the Library's free Wi-Fi or public access computers.

Signature of Card Holder or Parent/Guardian if under 18

Date

Office Use Only

Fee : _____ 6 mos 1 yr Voucher Tuition Student

DL or ID # _____ DOB _____ Initials _____ Date _____

23972 _____

Notes:

If non-resident, other family member names:

