



Lucius E. and Elsie C. Burch, Jr. Library Card Application

Name: _____

 Last First Middle Initial

Street: _____

P.O. Box: _____ City: _____

State: _____ Zip: _____

Home/Cell Phone: _____

Work Phone: _____ Work Address: _____

Date of Birth: _____

Nearest Relative Name: _____

Phone: _____ Address: _____

_____ City: _____

Library updates via e-mail: _____

I agree to be responsible for all materials checked out with my card including replacement costs or fines for materials that are not returned. Also, I agree to follow all library policies and notify the library if I lose my card or move.

All billings rendered by the library shall be due and payable upon receipt. Failure to receive a bill does not release a patron from payment obligations. The patron shall pay all collection expenses or attorney fees due to default or failure to pay their obligations as set forth in the Library Policy Manual.

Signature: _____ Date: _____

To pick-up your library card you will need to bring valid identification and proof of current address with you (if you are 17 or younger, you need a parent or guardian's signature and identification).

Parent / Guardian Signature: _____

If you are a student, school you will attend this year: _____



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