



**OREGON PUBLIC LIBRARY
LIBRARY CARD APPLICATION**

SOUTH CENTRAL LIBRARY SYSTEM

IDENTIFICATION REQUIRED:

- **Photo I.D.** (i.e. Driver's license, state I.D. card)
- **Proof of Current Address** (i.e. Driver's license, state I.D., recent mail, checkbook)

PATRON INFORMATION (please print):

Name: _____

Last

First

Middle

Birthdate: ____ / ____ / ____
Month Day Year

Age Group: 0-15 16-64 65+

Mailing Address: _____

Street, RR/Fire Number or P.O. Box

City or Village

State

Zip

County of Residence: _____ **Township:** _____

Residential Address: (Complete if different from mailing address)

Street, RR/Fire Number or P.O. Box

City or Village

State

Zip

Email _____ Check for 2 day Pre-overdue notice (only via email)

Optional: Receive emails for Oregon's **Library Buzz** e-newsletter about library events & services. Sign me up

Phone (____) _____ Cell (____) _____

I would prefer to be notified of my holds by: [CHOOSE ONE]

- Email (same day notification - must select this if selecting Pre-overdue notices)
- Text (next day notification, cell phone only)
- Phone call (next day notification) Select one: Cell Land line
- No hold notices

I prefer to pick up my holds at: _____

(Name of Library or Bookmobile stop)

ACCEPTANCE OF RESPONSIBILITY (Read carefully!)

- I will be responsible for all materials checked out on this card, including materials checked out by others with or without my consent, unless I have previously reported the loss of my card.
- I will report a lost or stolen card, or any change of personal information (name, address, phone, email), immediately.
- I will comply with all library rules and policies.
- I understand that there will be charges for overdue, lost, damaged and stolen library materials.
- I understand that the library provides access to a broad range of resources and that it is my responsibility to judge for myself and for my children or minor dependents what resources are appropriate for my/our personal use.

PATRON SIGNATURE _____ **Date:** _____

FOR JUVENILES (AGE 0-15), PLEASE COMPLETE:

Parent or Legal Guardian Signature: _____ **Date:** _____

Please print Parent or Legal Guardian Name: _____

FOR LIBRARY STAFF USE ONLY:

Type of registration:

- New patron Address change
- Lost Renewal
- Name Change (Former name _____)

Send application to library of residence: _____

Patron has been issued card with barcode _____ from _____.

Staff initials/LIB verifying ID: _____

Proof of current address

Patron Category: _____

PSTAT (Sort 1): _____

Photo ID type: _____