

West Feliciana Parish Library

Application for Library Card

ADULT / RESPONSIBLE PARTY (Ages 18 and up) INFORMATION:

Print clearly and provide ALL information requested.

Last Name:	First Name:	Middle:
Home Phone: ()	Mobile Phone: ()	Birthdate: Month/Day/Year
Mailing Address:		
Physical Address:		
City:	State:	Zip Code:
Email Address (for notifications):		
LA Driver's License #, ID # or Passport #		
Contact Preference for item requests: Email [<input type="checkbox"/>] Text [<input type="checkbox"/>] Phone Call/Home Phone [<input type="checkbox"/>] Phone Call/Mobile Phone [<input type="checkbox"/>]		
For text notifications please include phone carrier:		(ie. ATT, Sprint, etc)

LIBRARY CARD HOLDER AGREEMENT - PLEASE READ

I accept responsibility for all items checked out on my card.
I agree to pay for any items lost or damaged, fees and fines.
I agree to report a lost or stolen card immediately and understand that I am responsible for all items on the card until it is reported lost or stolen to the Library.
I agree to inform the Library of any changes to my contact information.
I agree to follow all Library policies and the Library's Rules of Conduct.

Signature:	Date:
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CHILDREN (Ages 17 and under, if you want them to have a separate card)

The library allows you to link your record with your minor children to assist in transactions. No one, however, can see the status of, or items borrowed, on your account. Please list family to be linked.

Last Name:	First Name:	Middle Name:	Birth Date (Month/Day/Year)

As the parent or guardian of the child(ren) listed on this application, I agree to teach my child(ren) to abide by the Library Card Holder Agreement.

I accept responsibility for all items checked out on my child's card, my child's use of the Library and all its resources, and payment for lost or damaged materials, fines and fees on my child's card.

I acknowledge I am responsible for their selection of materials.

	Signature of Parent/Guardian:	Date:
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Barcode _____
 Application checked for accuracy and attached to record by: _____ (Staff initials)