



# REED MEMORIAL LIBRARY

(PORTAGE LIBRARY CONSORTIUM MEMBER)

## ADULT LIBRARY CARD APPLICATION

Dear Patron:

This form is a legal contract. Please read it in its entirety before signing.

Your personal information is kept strictly confidential per library policy.

You may access your account online using your four-digit PIN at [www.reedlibrary.org](http://www.reedlibrary.org).

### PLEASE PRINT

TODAY'S DATE \_\_\_\_\_  
MONTH-DAY-YEAR

\_\_\_\_\_  
FOUR-DIGIT PIN (online access)

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FORMER NAME (IF APPLICABLE)

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE NAME

DATE OF BIRTH: \_\_\_\_\_  
MONTH DAY YEAR

AGE CATEGORY (check one):      18-59      60+

\_\_\_\_\_  
CURRENT MAILING ADDRESS

\_\_\_\_\_  
APT #      LOT #      P.O. BOX #

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE      +FOUR

\_\_\_\_\_  
PHONE 1

\_\_\_\_\_  
PHONE 2

\_\_\_\_\_  
EMAIL ADDRESS

@ \_\_\_\_\_

I WOULD LIKE TO RECEIVE NOTICES BY:

TEXT

EMAIL

PHONE CALL

I WOULD LIKE MY CHECKOUT HISTORY SAVED:

YES

NO

\_\_\_\_\_  
PERMANENT ADDRESS (IF COLLEGE STUDENT, ETC)

[OVER →]

LIST ANY ADULT THAT YOU **GIVE CONSENT** (FULL ACCESS) TO USE THIS LIBRARY CARD  
[CARDHOLDER IS RESPONSIBLE FOR ALL ITEMS CHECKED OUT ON THIS CARD]

\_\_\_\_\_  
\_\_\_\_\_

OTHER FAMILY MEMBERS WITH LIBRARY CARDS (ALL PORTAGE COUNTY LIBRARIES):

\_\_\_\_\_  
\_\_\_\_\_

VOLUNTARY INFORMATION

MALE      FEMALE

PUBLIC SCHOOL DISTRICT IN WHICH YOU CURRENTLY LIVE: \_\_\_\_\_

EDUCATION LEVEL COMPLETED: \_\_\_\_\_

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- I agree to abide by the rules and policies of the Reed Memorial Library and to be responsible for all fees and fines assessed for overdue, lost or damaged library items on my card.
- I agree to give immediate notice of any change of address or a lost or stolen card. I understand that I am responsible for any items charged against a lost or stolen card until the library has been notified.
- I understand that any violation of the rules and policies including failure to pay fines or return materials will result in the loss of library privileges.
- I understand that Reed Memorial Library is not responsible for the malfunction of personal equipment that occurs during the use of the library's audiovisual items.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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**FOR LIBRARY USE ONLY**

CARD TYPE:    AD    SR    ADA    OUTR

APPLYING FOR TEACHER CARD ALSO?    YES    NO

ID USED FOR VERIFICATION: \_\_\_\_\_

REGISTRATION TAKEN BY: \_\_\_\_\_ COMPUTER INPUT BY: \_\_\_\_\_ LAST CHECK BY: \_\_\_\_\_