Indianapolis Marion County Public Library
Application for Library Card

I.D. with current address must be shown when applying for Library card. Applicant must be present.

PLEASE PRINT

NAME: _____
(Last) **(First)** **(Middle)**

DATE OF BIRTH: ____/ ____/____ **HOME PHONE:** _____ **BUSINESS PHONE:** _____

MAILING ADDRESS: _____
(P.O. Box, Route # and Box or Street Address)

STREET ADDRESS: _____
(If different from above.)

CITY/STATE: _____ **ZIP CODE:** _____

To avoid postage costs and delivery delays all notices will be sent to the email address you enter below. If you do not have an email address, notices will be mailed to the Mailing Address listed above. The Library cannot guarantee prompt delivery of notices mailed through the Post Office.

EMAIL ADDRESS: _____

Patron information may be shared with the Indianapolis Marion County Public Library Foundation.
CHECK HERE _____if you prefer not to be contacted by the Foundation

BORROWER RESPONSIBILITIES:

The person signing below shall be responsible for the timely return of all library materials, the payment of fines for overdue, lost or damaged materials charged on this card, for notifying the Library of any change of name or address, and for reporting if the card is lost or stolen. The undersigned agrees that the Library shall be entitled to payment from the undersigned for the costs of collection, including reasonable attorneys' fees, incurred in collection of any fines for overdue, lost or damaged materials charged on this card. **The card is not transferable.**

Borrower Signature _____

Printed Name _____

Parent/Guardian Signature _____
(Required for all dependents under age 18. The signer assumes responsibility for the child's selections and financial responsibility.)

PERMISSION FOR ACCESS TO FULL VIDEO AND DVD COLLECTIONS:

The selection of videos or DVDs by children under age 18 is restricted to the Juvenile Collection only.
If you would like to remove this restriction and allow your child full access to all videos and DVDs, **SIGN HERE:**

Parent/Guardian Signature _____
(Required for all dependents under age 18. The signer assumes responsibility for the child's selections.)

STAFF USE ONLY	**Loc:** _____	**Barcode:** _____	**Staff Initials & Date:**_____
	New ___ **Renewal** ___ **ReReg** ____		**PLAC** _____ **IMCPL PLAC** _____
Home Library: _____			**Receipt No.** _____

Revised 9/07