



Avalon Free Public Library
New Library Card Application
 Date: _____

Please Print

To receive a library card, please complete this form and provide photo identification. If your photo identification does not include a local address, please provide proof of address, such as a tax or utility bill. If you are under the age of 17, or are a relative of a property owner, your parent, guardian, or the property owner must also sign the application.

Are you a(n): Please Select Below <input type="checkbox"/> Year-round Avalon Resident <input type="checkbox"/> Avalon Property Owner <input type="checkbox"/> County Resident <input type="checkbox"/> Vacation Renter <input type="checkbox"/> Other _____	<div style="background-color: #e0e0e0; padding: 2px;">For Official Use Only:</div> <div style="background-color: #e0e0e0; padding: 2px;">Library Card Number: _____</div> <div style="background-color: #e0e0e0; padding: 2px;">Initials: _____</div> <div style="padding: 2px;">Date of Birth _____ / _____ / _____ Month / Date / Year </div>
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Patron Information

Last Name	First Name	M.I.	
Local Address (No P.O. Boxes)			
City	State	Zip	Phone # (Best Contact #)
Mailing Address (If Different From Above)			
City	State	Zip	Phone # (Secondary Contact #)
Driver's License	<u>State</u>	<u>Number</u>	Other ID Type and #
E-mail Address			

Borrower Agreement

I agree to be responsible for the materials checked out with this library card and for the loss or damage to materials. I understand that I am responsible for notifying the library in case of loss or theft of this card and that failure to do so may result in my being held liable for materials checked out without my consent. I understand that I am obligated to inform the library when my address or email address changes and that failure to do so may result in my not receiving bills for which I will be held liable.

I agree to receive notices and information from the Avalon Free Public Library via e-mail

I do not wish to receive notices and information from the Avalon Free Public Library via e-mail

Signature of Applicant _____	Date _____
Signature of Parent/Guardian _____	Date _____
Signature of Property Owner _____	Date _____