CLARK COUNTY PUBLIC LIBRARY CARD APPLICATION

PLEASE PRINT. Applicant must provide photo ID with proof of permanent address.

LEGAL LAST NAME: _____(JR, SR, I, II, etc) _____

LEGAL FIRST NAME: _____FULL MIDDLE NAME _____

MAIDEN NAME / OTHER LAST NAMES _____

HOME ADDRESS _____ APT/LOT _____

CITY _____STATE _____ ZIP _____

MAILING ADDRESS (if different) _____APT/LOT _____

CITY _____STATE _____ ZIP _____

PHONE _____ MOBILE CARRIER _____ Data/text charges may apply.

SECONDARY PHONE _____ EMAIL _____

Notification options: (select 1) _____Phone _____Email _____Text Message

If you chose Phone or Email, would you like to receive an additional text? _____YES

MAINTAIN READING HISTORY? (3 yrs/1000 titles) (circle one) **YES** **NO**

Send eReceipts by: (select 1) Email _____ Text _____ Both _____ None _____

GENDER (circle one): M F PASSWORD (4-16 alpha-numeric characters, case sensitive): _____

DATE OF BIRTH (mm/dd/yyyy) __ __ / __ __ / __ __ __ __ AGE _____

By obtaining a Clark County Public Library card, I agree:
(1) I am responsible for all materials borrowed, even if card is lost or stolen. (2) I will pay for all fines & fees related to my account. (3) I will report any/all changes to my account information immediately. (4) I will abide by CCPL's Internet usage policy.

APPLICANT'S SIGNATURE _____ DATE_____

DRIVER'S LICENSE NUMBER / STATE ID_____ (__ __) (STATE OTHER THAN OHIO

OTHER PHOTO: (Passport, Work ID, School ID, Credit Card) **Proof of Address:** (Mail, Utility Bill, Car Reg., Personal Ck, Ins. Card)

JUVENILE ACCOUNT:

Parent/Legal Guardian—PRINT NAME _____

Parent/Legal Guardian DL/State ID # _____Relationship_____

If applicant is under 18 years of age, the parent/legal guardian will be responsible for lost and damaged items and compliance of rules. ***Please initial you have read this statement:*** _____ **Minor's grade** _____

Check **YES** to **APPROVE ACCESS** to: _____ YES—Access to **Internet** on Library computers *(17 & under)*

_____ YES—Access to **DVD / Blu-ray / Video Games** *(Grade 8 & below)*

Parent's/Guardian's Signature _____ DATE_____

CCPL is not responsible for equipment damage/failure while using library materials.

Barcode: 274 0000 ____ ____ ____ ____ ____ ____ ____ STAFF USE ONLY

Patron Code: **Adult** **Juv** **JuvOPLIN** **JuvOplinNoDVD** **JuvNoDVD**

New _____ Update _____ Out of State _____ BKM Demographic _____ Staff initials _____ Rev 10-6-15