

Calhoun County Public Library System Library Card Application

Date _____ Patron # _____

PERSONAL INFORMATION (Please Print)

Last Name _____ First Name _____ MI _____

- Senior
 Adult (18+) Applicant's Date of Birth: _____ DL/ID _____
 Teen (12 -17) _____ State _____ Parent's DL# if Applicant is under 18 _____
 Child (5 - 11) Month _____ Day _____ Year _____ Parent's Card # _____
 Pre-K (0 - 4)

ADDRESSES INFORMATION (Please Print)

Primary Address _____ City State Zip _____

Mailing Address (if different from above) _____ City State Zip _____

Additional Address _____ City State Zip _____

PREFERRED LOCATION (Circle One)

Port Lavaca Point Comfort Seadrift Port O'Connor

Contact Information

Check Preference

- (_____) Home (_____) Work (_____) Other
 (_____) Cell

Email Address _____

INTERNET USAGE

I hereby certify that I have received a copy of the Internet Guidelines & Procedure and understand by signing I will be required to comply. If minor, parent will be held responsible for compliance.

Applicant Signature or Parent Signature if Applicant is under age of 18

OTHER SERVICES OFFERED (Circle One)

Overdue Item Notification: Call / Email / Text	Reserved Item Notification: Call / Email / Text	Due Date Warning: Email / Text	Receipt: Email
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REFERENCE INFORMATION (Please Print)

(Friend, Neighbor, Relative, Someone with a different phone other than yourself) Phone _____
Different phone # _____

ACKNOWLEDGEMENT

I hereby certify that the information on this application is accurate and complete. I will abide by CCPL rules; I will pay fines or damages charged to me, and give prompt notice of any changes to address, phone, email, etc.

Applicant Signature or Parent Signature if Applicant is under age of 18