

Application for Johnson Creek Public Library Card

Last Name	First Name	9	Middle I	nitial
Birthdate//		cone: Adult		Гeacher
Check one: Male Female N		ttom section of this fo	rm MUST be filled out by th	e parent/guardian)
Who is allowed to pick up materials for yo	u2 (ontional)			
Allow this person to see when my card			erson to pick up hol	ds for me
Allow this person to see when my card	is blocked	Allow this p	croon to pick up nor	us for the
Street Address		An	t.# P.O. Bo	x
Street AddressCity		State	7in	^
County Municipa	lity			
	,		- 	
Phone # ()				
Primary E-mail				
Secondary E-mail				
How would you like to be notified? Choose Phone (holds notification <i>only</i> - you Email (holds, upcoming due dates) Text message (holds, upcoming due Cell # () Email and text message (please pr	ou will not rec , overdue not ue dates, over	ceive any due da cices – we will us rdue notices)	e your primary e-ma	•
Preferred 4-digit Password/Pin	(use	ed to log in to yo	our account online)	
By signing this application, I agree to obey online or upon request) and to notify the li responsible for all charges due to any over stolen, I understand that I am responsible	brary if any indue, lost, or d	nformation I hav damaged mater	e given has changed als. In the event my	d. I will be card is lost or
Signature of applicant			Date	
FILL OUT THIS SECTION IF THE APPLICANT	IS A MINOR			
Parent/Guardian Full Name				
Yes No My child has permission	to check out	DVDs and electr	onic games (limit 2 d	of each)
Yes No My child has permission	to use the int	ernet		
Tes Environmental permission	to use the int	criict		
I have read and understand the Public Acc Policy, and the Circulation Policy (available I take full responsibility for materials borro	online or up	on request). As	the parent/guardian	
Parent/Guardian Signature			Date	
FOR LIBRARY USE ONLY				
Barcode			Staff Initials	