



Member Application

PLEASE PRINT

Name _____
LAST / FIRST / MIDDLE

Age Adult (18 & UP) Teen (14-17) Kid (0-13) Birth Date _____
MONTH / DAY / YEAR

Email Address _____

Mailing Address _____
APARTMENT / STREET OR BOX

CITY / PROVINCE / POSTAL CODE

Phone _____ Mobile _____ Other _____

How should we send you notices about holds or overdue items? (Choose one)

Email Text: Wireless provider _____ Phone Mail

What kind of due date receipt would you prefer? (Choose one)

Email Text Email & text Paper No receipt

Personal Identification Number (PIN) used to access your account online _____ (4 digits)

YOUR PIN IS THE LAST 4 DIGITS OF YOUR TELEPHONE NUMBER, UNLESS YOU CHOOSE OTHERWISE

FOR KIDS

Parent/Guardian Name _____ Signature _____

Parent/Guardian ID# (last 4 digits) _____ ID Type _____

Member Signature _____

LIBRARY USE

Barcode Number _____

Patron Type Verified Unverified Temporary Community Access Virtual Other

Identification Information _____

Home Library _____ Employee Name _____