



JUSTIN
1887

Justin Community Library

Library Card

Application

(Please print clearly, use black ink)

Staff Only:

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Date Received : _____

Date Completed: _____

Initials: _____

Last Name	First Name	Middle Name
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Mailing Address	City	State	Zip Code
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Home Phone	Cell Phone	Work Phone
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Driver's License #	Issuing State	DOB
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I want to receive library notices via: Email Phone Both

Email Address

_____ I have read understood and will comply with the Library Policies, Computer Usage Rules and any additional directives given to me by the library staff. I understand that I am financially responsible for anything borrowed and not returned in good condition to the library and that I may be prosecuted for failing to pay for damaged and lost items up to a fine of \$500.

YES NO Would you like a voter registration card?

Signature

INFORMATION BELOW THIS LINE IS FOR STAFF USE

Printed Name: _____ Verified DL or ID: _____

DOB: ____ / ____ / ____ Library Card: _____

Current Address Match DL or ID YES NO Verified by: _____

Old Address: _____

Voter Card Delivered by Library YES NO

Library Director : _____