



JUSTIN
1887

Justin Community Library

Youth Library

Card Application

(Please print clearly, use black ink)

Staff Only:

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Date Received : _____

Date Completed: _____

Initials: _____

Minor's Last Name

First Name

Middle Name

Mailing Address

City

State

Zip Code

/ /

Minor's DOB

Home Phone

Cell Phone

Parent/Guardian Last Name

First Name

Middle Name

Parent /Guardian Driver's License #

Issuing State

I want to receive library notices via: Email Phone Both

Email Address

_____ I want to limit this card to allow the borrower to only check out materials form the Children's section and to what they have access to on the internet.

_____ 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 by my child. I also understand that I may be prosecuted for failing to pay for damaged and lost items up to a fine of \$500.

Parent/Guardian 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: _____

Library Director: _____