



Justin Community Library

JUSTIN
1887

Library Card

Application

(Please print clearly, use black ink)

Staff Only: NEW RENEW

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Date Received : _____

Date Completed: _____

Initials: _____

Last Name _____ First Name _____ Middle Name _____

Mailing Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____ / /

Driver's License # _____ Issuing State _____ DOB _____

Email Address _____

I want to receive library notices via: Email Phone Both

I authorize the above to use my library account and will be liable for any items that become lost or damaged.

_____ 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 : _____