



APPLICATION FOR LIBRARY CARD

*HIGHLIGHTED FIELDS ARE REQUIRED - PLEASE PRINT

APPLICANT INFORMATION

*Last Name	*First Name	Middle
*Mailing Address		Apt. #
*City	*State	*Zip
Residence Address (If different from above)		Apt. #
City	State	Zip
*Birth Date (MM/DD/YYYY)	Telephone (###-###-####)	Email address

CPL NEWSLETTER

I would like to receive the CPL newsletter via email. (Circle one) Yes No

SIGNATURE

I agree to observe all rules established by the Library, and will be responsible for all materials borrowed on my card. I agree to pay any fines or other charges imposed for late return or mutilation of library materials. I will notify the Library immediately in case of loss or theft of this card. I understand that only personal information that is required to obtain a library card is being collected and that such information is accessible by all CLEVNET member libraries.

*Your Signature: _____ *Date _____

***STAFF USE ONLY**

*Applications should be reviewed for accuracy by a separate staff member at the registering branch
 Reviewed application should be sent to the Lending Dept. (Main Library) within one week of registration.*

Profile (circle one): AD CORP DISABL ECARD GB TEMP

Hold/Courtesy/Overdue Notification (User Cat 2) Email Phone Text Mail (paper)

Bill Notification (User Cat 3) Email Mail (paper)

Driver's Lic./State ID# (Group ID): _____ Staff: _____ Branch: _____

Library Card ID# 28074 _____ Reviewed by: _____