LIBRARY CARD APPLICATION

IDENTIFICATION REQUIRED:
- ✓ **Photo I.D.** (i.e. Driver's license, state I.D. card) **AND**
- ✓ **Proof of Current Address** (i.e. Driver's license, state I.D., recent mail, check book)

SUN PRAIRIE
PUBLIC LIBRARY

1. Last Name_____ First_____ Middle_____

2. Date of Birth____/____/_____ Age Group ☐ 0-15 ☐ 16+

3. Street Address_____ Apt. #_____

4. City_____ State_____ Zip code_____

5. Municipality_____

6. Phone number (_____)_____ E-mail_____

8. Hold pick up: ☐ Sun Prairie ☐ Other_____

9. Please allow someone else to pick up and check out my holds with their card:

   NAME_____ **CARD**_____

10. ADDITIONAL FAMILY MEMBERS AT THE SAME ADDRESS, see back of application

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ACCEPTANCE OF RESPONSIBILITY (Please read carefully)

- I will be responsible for all materials checked out on this card, including materials checked out by others with or without my consent, unless I have previously reported the loss of my card.
- I will comply with all library rules and policies.
- I understand that there will be charges for overdue, lost, damaged and stolen library materials.
- I understand that the library provides access to a broad range of resources and that it is my responsibility to judge for myself and for my children or minor dependents what resources are appropriate for my/our personal use.

*Signature*_____ *Date* _____

FOR JUVENILES (AGE 0-15), PLEASE COMPLETE:

Parent or Legal Guardian Signature:_____

Please print Parent or Legal Guardian Name: _____

FOR LIBRARY STAFF ONLY:

☐ New patron   ☐ Lost card   ☐ Proof of current address_____

Sort 1 (PSTAT): _____
Patron Category: ☐ Adult ☐ Juvenile ☐ Limited Use

BARCODE_____ STAFF INITIALS_____

08/19

LIBRARY CARD APPLICATION   **Sun Prairie Public Library**

FOR ADDITIONAL FAMILY MEMBERS AT THE SAME ADDRESS:

Name: _____
       last (if different from front)   first   middle

Birthdate: _____/_____/_____   Email:_____   Phone:_____
       Month   Day   Year

Signature: _____   ID: _____
       (if over 16 years old)   (if over 16 years old)

CARD NUMBER

Name: _____
       last (if different from front)   first   middle

Birthdate: _____/_____/_____   Email:_____   Phone:_____
       Month   Day   Year

Signature: _____   ID: _____
       (if over 16 years old)   (if over 16 years old)

CARD NUMBER

Name: _____
       last (if different from front)   first   middle

Birthdate: _____/_____/_____   Email:_____   Phone:_____
       Month   Day   Year

Signature: _____   ID: _____
       (if over 16 years old)   (if over 16 years old)

CARD NUMBER

Name: _____
       last (if different from front)   first   middle

Birthdate: _____/_____/_____   Email:_____   Phone:_____
       Month   Day   Year

Signature: _____   ID: _____
       (if over 16 years old)   (if over 16 years old)

CARD NUMBER