OREGON PUBLIC LIBRARY
LIBRARY CARD APPLICATION **SOUTH CENTRAL LIBRARY SYSTEM**

IDENTIFICATION REQUIRED:

- **Photo I.D.** (i.e. Driver's license, state I.D. card)
- **Proof of Current Address** (i.e. Driver's license, state I.D., recent mail, checkbook)

PATRON INFORMATION (please print):

Name: _____
Last First Middle

Name on Photo ID (complete If different than name above):_____

Birthdate: ____ /____ /____ **Age Group**: ☐ 0-15 ☐ 16-64 ☐ 65+
Month Day Year

Mailing Address: _____
Street, RR/Fire Number or P.O. Box City or Village State Zip

County of Residence: _____ **Township**: _____

Residential Address: (Complete if different from mailing address)

_____
Street, RR/Fire Number or P.O. Box City or Village State Zip

Email _____ Optional: Check box for Oregon's **Library Buzz** e-newsletter ☐

Phone (_____) _____

HOLDS: I prefer to pick up my holds at: _____
(Name of Library or Bookmobile stop)

MESSAGING PREFERENCES
HOLD NOTICES

☐ Email (same day notification) ☐ Phone call (next day notification)

☐ Text (next day notification, cell phone only) ☐ No hold notices

PRE-OVERDUE NOTICES (2 DAYS PRIOR)

☐ Email

OVERDUE NOTICES are a default for **all** patrons and will be delivered via email or printed and mailed.

ACCEPTANCE OF RESPONSIBILITY (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 report a lost or stolen card, or any change of personal information (name, address, phone, email), immediately.
- 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.

PATRON SIGNATURE _____ **Date**: _____

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

Parent or Legal Guardian Signature:_____**Date:**_____

Please print Parent or Legal Guardian Name: _____

FOR LIBRARY STAFF USE ONLY:
Type of registration:
☐ New patron ☐ Address change
☐ Lost ☐ Renewal
☐ Name Change (Former name _____)
Send application to library of residence: _____
☐ Patron has been issued card with barcode _____ from _____.

Staff initials/LIB verifying ID: _____
Proof of current address ☐
Patron Category: _____
PSTAT (Sort 1): _____
Photo ID type: _____

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