

EASTON LIBRARY

Adult Library Card Application (Ages 15+)

A library card confers privileges and carries responsibilities. Your application shows that you want the privileges and accept the responsibilities. The card is your identification and is not transferable. Library records that contain names or other details about library users are confidential under NYS law.

Please Print

Name
First _____ MI _____ Last _____ Jr./Sr.

Street _____ Apt./P.O. Box _____

City _____ State _____ Zip _____

Home Phone _____ E-mail _____

Library in which you reside (Town/Village) _____

School District in which you reside _____

Town/ City _____

Driver's License number _____

Birth Date _____

PLEASE READ CAREFULLY

I agree to observe all rules established by the library and will be responsible for all materials borrowed on my card. I also agree to pay fines or other charges imposed for late return, loss or mutilation of library materials. I will notify the library if my card is lost or if I change my name or address.

Signature _____

To be completed by the staff

Qualifier: _____ Class: _____ Verified: _____ Gen: _____ City: _____
Reg. Type: New / Re-reg. / Update / Worn Card / Lost / Other _____
Exp. Date: ___ / ___ / ___ Staff Name: _____ Date Entered: ___ / ___ / ___