



MARION PUBLIC LIBRARY LIBRARY CARD APPLICATION FORM



Please Print Clearly

Last Name _____ Suffix, if any (Sr., Jr., III, etc.) _____

First Name _____ Middle initial _____ Preferred Name _____

Phone _____

Please select a 4-digit PIN number _____

Birthdate: Month _____ Day _____ Year _____

If under 18 years of age, name of parent(s) or guardian(s) with whom you live?

Mailing address: Street _____ Apt _____

City/State _____ ZIP code _____

Resident address (if different from above): _____

Do you wish to receive overdue and hold notices and our newsletter through e-mail? Yes _____ No _____

E-mail address (print clearly) _____

Would you like our system to keep a record of the items you check out? Yes _____ No _____

Applicant must present identification and verification of current address. Report loss of card immediately (\$1 replacement fee)

Please remember you are responsible for all materials borrowed on your card.

Contact the library for any change in name/address/telephone number/e-mail address or to cancel your card. You must have your card with you to use most library services or to check out materials.

Applicant or parent/guardian (if applicant is under age 14) must sign and agrees to accept responsibility for items checked out on this card. Library cardholders, regardless of age, have access to all library materials, services, and the Internet.

Individuals who apply for, receive, and use a library card issued by the Marion Public Library agree to follow the policies, rules, and regulations that have been established for the use of library materials, equipment, and facilities. **PLEASE NOTE: Due to service contract obligations, you cannot use our downloadable ebook and audiobook services unless you reside in Marion, Cedar Rapids, Hiawatha, Alburnett, Robins, or rural Linn County.**

(Signature)

For staff use only. Do not write below this line.

User ID 1000 _____ Date _____ Verified by _____

User Cat 1: MA CR HI Linn County Other _____