

Marion County Library Card Application

(Proof of current address is required at time of application, or else card must be mailed.)



Last Name: _____

First Name: _____

Middle Name: _____ (If no middle name, please put nm.)

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home phone: _____ Work phone: _____ Cell: _____

Email address: _____

Contact me through: Email or Postal Mail (Circle one)

Library Account Password: (4 characters) _____

Date of birth: Month: _____ Date: _____ Year: _____

Do you want the library computer system to keep a list of books you check out? YES NO

Cardholder Agreement: *I agree to be responsible for materials borrowed with the card, for all fines incurred, and for loss or damage of materials charged to it.*

Signature of cardholder

Printed Name

Date

***Parents or guardians must sign for children under age 15.**

Parent or Guardian Agreement: *I agree to be responsible for materials borrowed with the card, for all fines incurred, and for loss or damage of materials charged to it. I accept responsibility for the selection of materials made by this person.*

Signature of Parent or Guardian

Printed Name

Date

***Child Internet Access: I wish for my child to be able to access the Internet at the library: YES NO**

Parental Internet Permission Agreement: *I understand that some material on the Internet may be objectionable, but I accept the responsibility and agree to allow my child, age 8-17, to use the Internet independently. I agree to accompany my child under eight or allow my child to use the Internet with the adult who accompanies him/her to the library. I assume all responsibility for the use of the Internet by my child and agree to hold Marion County Library harmless from any and all liability that may occur from the use.*

Signature of Parent or Guardian

Printed Name

Date

Staff Use:	Initials: _____	Patron ID: _____
MA, MU, NI, BKM	Date: _____	Barcode: _____