

E.C. Scranton Memorial Library

Library Card Application

Please show one form of identification confirming your street address.



Name: _____
 first middle initial last

Madison Address: _____

Alternate address: _____

Telephone number: _____

Date of Birth (children and teens only): _____

I am a (check one): ___ Madison Adult ___ Teen (13-17) ___ Child (0-12)

Name of Parent or Legal Guardian: _____

(For children under 18 years)

Email address: _____

By providing your email address you agree to receive Library notices via email. Your email address will not be shared with outside parties; it will be used for library business only.

- I would like to receive the Library newsletter and/or Library program information via email.
- I would like to register to vote.

READ CAREFULLY AND SIGN

I understand that when I am issued a library card, I am responsible for returning library materials in good condition. If materials are damaged, or lost, it is my responsibility to pay late fees or replacement fees. I understand that the Library is not responsible for damage to electronic equipment, and that parents/guardians are responsible for minors' use of all library resources and materials. I agree not to lend this card to anyone and to inform the library of any change of address or phone number.

Applicant's Signature: _____

Staff use only

DATE: _____ ENTERED BY: _____

Barcode number: _____