

# E.C. Scranton Memorial Library

## Library Card Application

Please show one form of identification confirming your street address.



Name: \_\_\_\_\_

Address: \_\_\_\_\_

Madison, CT 06443

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: \_\_\_\_\_