LIBRARY CARD #

EDGERTON PUBLIC LIBRARY ~ LIBRARY CARD APPLICATION

Print Name _____
Last First Middle

Mailing Address _____

City/Village _____ State _____ Zip _____

Residence Address _____
If different from mailing address

City/Village _____ State _____ Zip _____

County of Residence _____ Township _____

Primary Phone (_____) _____

Cell Provider (for receiving text notifications) _____

Email Address _____

_____Check here if you would like to receive our monthly library newsletter

I agree to be responsible for material drawn on the library card issued in the above name, including material drawn on it by others with or without my consent unless I have previously reported the loss of my card. I promise to comply with all library rules and policies (both present and future) and give prompt notice of change of address or loss of library card. I further understand that the library maintains access to a broad range of material and that it is my responsibility to judge for myself and for my children/minor dependents the appropriateness of that material for my/our personal use.

Patron's signature _____ Date _____

Parent /guardian signature (for juveniles) _____

STAFF INITIALS _____