KURTH MEMORIAL LIBRARY

Library Card Application

PLEASE PRINT CLEARLY

Name: _____
Last First Middle

Mailing Address: _____

_____

Physical Address: _____

_____

City: _____ State: ____ Zip: _____

Daytime Phone: _____

Alternate Phone: _____

Email: _____

Date of Birth: _____

By signing this form, I hereby agree to the following:

- I agree to obey all the rules and regulations of Kurth Memorial Library.
- I agree to be responsible for all items on my library card and for all accrued fines or fees for overdue, lost, or damaged items. I understand that this includes all fines/fees on my minor child(ren)'s card(s) and those items charged through the Interlibrary Loan program.
- I agree to give immediate notice of any name, address or phone number changes.
- I understand that, should my library card or TexShare card be lost or stolen, I am responsible for all items charged until such time as I report the loss to the Library's Circulation Desk.
- Allow my children to access the internet

Signature: _____

DL# or ID# _____

Patron ID _____

Staff Initials: _____ Date: _____

PLEASE PRINT CLEARLY

Please list children (under 18) **only** if you want them to have a library card.

First Name, Middle Initial & Last Name	Date of Birth MM-DD-YYYY	Gender (M or F)	Patron ID