

Delaware County District Library Card Application



PLEASE PRINT CLEARLY

OFFICE USE ONLY

Duplicate Check? Staff Initials _____

BARCODE 2236300 _____

EXPIRATION DATE / / (3 YEARS)

Are you over 18? Yes No
PTYPE = 1 PTYPE=2

Birthdate: / /
mm dd yyyy

Preferred hold pick-up location:

Delaware Orange Powell

Ostrander Outreach

Last Name _____ First Name _____ Middle Initial _____

Address _____ City _____ State _____

Zip _____ Phone () _____ Other Phone () _____

To receive library notices by email _____

To receive library notices by text () _____ @sms.oplin.org

APPLICANT: PLEASE READ AND SIGN

By signing this application, I agree to take responsibility for all materials borrowed on this account from the Delaware County District Library, to obey the rules of the Library, to pay any fines and damages charged to me, and to give prompt notice of any change of address.

(Signature of applicant)

(Date)

Because the Delaware County District Library takes your privacy seriously, any personal information shared with the Library will only be used for the administration of library services, and will not be shared or sold.

IF APPLICANT IS UNDER 18, PARENT OR LEGAL GUARDIAN MUST READ AND SIGN THE FOLLOWING:

AS A PARENT OR LEGAL GUARDIAN, I recognize in signing this application for a minor that the Library is not responsible for my child when left unattended, nor is the library responsible for my child's selection or use of Library materials. I accept responsibility for all materials borrowed on my child's card, and for his/her use of any library services, including the use of the Internet. I agree to pay all fines and damages charged to my child.

(Signature of parent or legal guardian)

(Date)

Printed name of parent/guardian _____