

**KIRKLAND TOWN LIBRARY, CLINTON**  
**Application for Library Card - Adult**

A library card confers privileges and carries responsibilities. Your application indicates that you want the privileges and accept the responsibilities. The card is your identification and is not transferable. Please complete this form and provide **CURRENT IDENTIFICATION**, such as a **DRIVER'S LICENSE** or other **PROOF OF CURRENT LOCAL ADDRESS**. Library records which contain names or other details about library users are confidential under NYS law.

**PLEASE PRINT  
NAME**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ MI: \_\_\_\_\_  
(full middle name, if used)

Title: \_\_\_\_\_ Suffix: \_\_\_\_\_  
(optional: Mr, Mrs, Miss, Ms or other honorific) (Jr, Sr)

Preferred name: \_\_\_\_\_  
(optional: AKA, nickname, or other name)

previous name or alias: _____ previous address: _____ <small>(if less than 5 years at current address)</small>
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**MAILING ADDRESS (1)**

Care of (if more information is needed for delivery of mail): \_\_\_\_\_

street: \_\_\_\_\_

city/state: \_\_\_\_\_ zip code: \_\_\_\_\_

home phone: \_\_\_\_\_ other phone (cell, second home phone): \_\_\_\_\_

e-mail (optional): \_\_\_\_\_

(3) employer: \_\_\_\_\_ work phone: \_\_\_\_\_

**OTHER ADDRESS (2)** *(If student, from out of town, snowbird, vacation home, or street vs. PO box, etc.)*

street: \_\_\_\_\_

city/state: \_\_\_\_\_ zip code: \_\_\_\_\_

home phone: \_\_\_\_\_ other phone (cell, second home phone): \_\_\_\_\_

use for (specify season, months or other time period): \_\_\_\_\_

**DEMOGRAPHICS** – *Please help us know you better (optional information):*

Language (primary reading): \_\_\_\_\_ Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(month) (day) (year)

Graduating class of (college students): \_\_\_\_\_

**PLEASE READ CAREFULLY AND SIGN:**

**I agree to observe all library rules and policies, including, but not limited to, its Rules of Conduct and Internet Access Policy, and will be responsible for all materials borrowed on my card. I also agree to pay fines or other charges imposed for late return, loss or mutilation of library materials. I will notify the library if my card is lost, or if I change my name or address.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY STAFF:**

CARD NUMBER: \_\_\_\_\_

<b>Basic</b> library: _____ profile name: _____	<b>Privilege</b> PIN: _____ change to the last 4 digits of primary mailing address home phone; inform customer.	<b>Demographic</b> Tax Code: _____ County: _____ Qualifier: _____	<b>Type of registration:</b> <input type="checkbox"/> new <input type="checkbox"/> re-registration <input type="checkbox"/> change name/address <input type="checkbox"/> worn, lost, stolen card <input type="checkbox"/> other: _____
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Library: \_\_\_\_\_ Staff: \_\_\_\_\_ Date: \_\_\_\_\_