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: _____
(if less than 5 years at current address)

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): _____

(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**:**

Basic	*Privilege*	*Demographic*	Type of registration:
library:_____ profile name: _____	PIN: _____ change to the last 4 digits of primary mailing address home phone; inform customer.	Tax Code: _____ County: _____ Qualifier: _____	___ new ___ re-registration ___ change name/address ___ worn, lost, stolen card ___ other: _____

Library: _____ Staff: _____ Date: _____

app-adult form rev 12/14/2009