

CARD NUMBER:	

## KIRKLAND TOWN LIBRARY: Application for Library Card A member of the Mid York Library System

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. Library records which contain names or other details about library users are confidential under NYS law.

Please complete this form and provide CURRENT IDENTIFICATION, such as a DRIVER'S LICENSE or other PROOF OF CURRENT LOCAL ADDRESS.

1) NAME FOR LIBRARY CA	ARD (please print)	
Last name:	First name:	MI:
Preferred name (optional: Al-	KA, nickname, or other name):	
	for those under 18 vision of your reading and use of all the Library's resourd elongs to your parent(s) or legal guardian(s).	es in any format,
Last name:	First name:	MI:
2) ADDRESS and CONTAC	T INFORMATION	
Street:		
City/State:	Zip Code:	
	Circle whether: cell how of this phone number will be the PIN associated with your	
Other phone:	Circle whether: cell ho	me work
Email address	·····	
Mailing/Permanent Addres	ss (if different from above)	
Street:		
	Zip Code:	
*use for (specify season, mo	onths or other time period):	
We offer options for you to	o receive pre-due reminders, overdue and hold picku	p notices:
Preferred method of contact:	:: Please circle <b>one</b> : phone call text e	mail
Would you like to receive t	the KTL e-newsletter: check one or both	
Yes, I would like to rec	ceive the family version Yes, I would like to	receive the adult ve

3) DEMOGRAPHICS – Please help us know you better (optional information)
Birth date:/ Language (primary reading):
Graduating class (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.I am aware that my card is not transferable.
Furthermore, if I am under the age of 18, I understand that responsibility for any supervision of my reading and use of all the Library's resources in any format, including Internet access, belongs to my parent(s) or legal guardian (s).
Signature of Borrower
Date:/
staff.  Signature of Parent/Guardian : (required for under 18)
Date:/
***************************************
Examples of acceptable ID  Driver's License or permit Passport State ID card
Examples of acceptable Proof of Address  Car registration Checkbook with name and address imprinted  Current utility bill Property deed  Tax bill Notarized affidavit
Initials of staff accepting application
***************************************
TO BE ENTERED in Workflows:
PIN ProfileTax Code Qualifier County Date updated in system