

# Library Card Application Form



Manchester Public Library  
304 North Franklin Street  
Manchester, IA 52057

Welcome! We are glad you have decided to get a library card.  
Please print clearly and show photo identification that includes your current address.

## Applicant's information:

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_

Street address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_

In which Iowa county is this address located? \_\_\_\_\_

Do you live in town or in the country? Town \_\_\_\_\_ Country \_\_\_\_\_

Is this address your mailing address? Yes \_\_\_\_\_ No \_\_\_\_\_

If *No*, please print your mailing address:

\_\_\_\_\_

At least 1 phone number is required:

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Driver's license/ID # (If applicant is a minor, enter the parent/guardian #): \_\_\_\_\_

Indicate how you would like to be contacted for:

	<u>Overdues</u>	<u>Reserves</u>	<u>3 day warning (optional)</u>	<u>Checkout receipt (optional)</u>
Phone	<input type="checkbox"/>	<input type="checkbox"/>		
Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I have been given an opportunity to read the Circulation Policies (located at entryway). I will take responsibility for all materials checked out on this card and pay any overdue fines or fees. If I lose my card, I will report it to the library immediately. It is my responsibility to keep the library informed of my current contact information. I agree to follow all rules of the library.

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

Staff use only: Library card number: \_\_\_\_\_ Staff initials: \_\_\_\_\_