William B Ogden Free Library LIBRARY CARD APPLICATION

	Date:	·
Proof of Current Address (e	.g. Driver's license, state I.D., recen	at mail, checkbook)
PATRON INFORMATION (please prin	nt):	
Name: Last	First	Middle Initial
AGE: 5-12 (Juvenile)	13-17 (Young Adult)	18+ (Adults)
Mailing address:		
Street or PO Box		
City	State	Zip
County	_	
Phone: (H)	_ (C)	(W)
Email		check to receive library news
How would you like to receive notifications regarding your account? text message email phone call		
Residential Address (If different than mailing address) or Parent/Guardian address (if different than minor):		
Street or PO Box		
Street or PO Box		
	State	
ACCEPTANCE OF RESPONSIBILITY I will be responsible for all mater my consent, unless I have previous I will report a lost or stolen card, I will comply with library patron I understand that I may be charged.	StateY (Read carefully!) rials checked out on this card, include usly reported the loss of my card. or any change of personal informatic code of conduct and computer use ped for overdue, lost, damaged, or sto	Zip
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