

OZARK DALE COUNTY LIBRARY EBOOK CARD APPLICATION

PLEASE PRINT NEATLY AND FILL OUT FORM COMPLETELY.

NAME: _____
Last Name First Name Middle Name

ADDRESS: _____
Address Apt. # City State Zip Code County

E-MAIL ADDRESS _____

PHONE #: _____ Library Card #: _____

BIRTH DATE: ____/____/____
Month Day Year

PLEASE READ AND SIGN

I AGREE TO BE RESPONSIBLE FOR ALL MATERIALS BORROWED WITH THIS CARD.

I UNDERSTAND THAT I MUST FOLLOW ALL LIBRARY RULES OF BEHAVIOR, AND THAT IF I CHOOSE NOT TO COMPLY WITH THESE RULES, MY LIBRARY PRIVILEGES MAY BE SUSPENDED OR REVOKED.

SIGNATURE: _____

PARENT OR LEGAL GUARDIAN INFORMATION

NAME: _____
Last Name First Name Middle Name

ADDRESS: _____
Address Apt. # City State Zip Code County

PARENT E-MAIL ADDRESS: _____

PHONE #: _____ DRIVER'S LICENCE #: _____

BIRTH DATE: ____/____/____
Month Day Year

PLEASE READ AND SIGN

I HAVE GIVEN PERMISSION FOR THE MINOR LISTED ON THIS APPLICATION TO RECEIVE LIBRARY PRIVILEGES. PARENTS ARE ENCOURAGED TO MONITOR THEIR CHILDREN'S LIBRARY USE.

I AGREE TO BE RESPONSIBLE FOR ALL MATERIAL BORROW BY THE MINOR WITH THIS CARD.

I UNDERSTAND THAT I AM TAKING RESPONSIBILITY TO ENSURE THAT THE MINOR WILL FOLLOW ALL LIBRARY RULES OF BEHAVIOR, AND THAT IF HE OR SHE CHOOSES NOT TO COMPLY WITH THESE RULES, HIS/HER LIBRARY PRIVILEGES MAY BE SUSPENDED OR REVOKED.

SIGNATURE: _____

Barcode # _____ Date _____ Initials _____