

# DEKALB COUNTY PUBLIC LIBRARY Card Application

PLEASE PRINT

Name \_\_\_\_\_  
Last name First name Middle initial

**Statistical Information** — The following information is used to maintain a statistical profile of library patrons.

Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Personal Identification Number \_\_\_\_\_  
Month Day Year Select a 4-digit number to serve as your password.

<b>Voter Preference:</b> <input type="checkbox"/> I am not eligible or not old enough to vote (under 17½). <input type="checkbox"/> I am already registered to vote.	<input type="checkbox"/> I want to register to vote and am a U.S. citizen. <input type="checkbox"/> I do not want to register to vote.
--	---

Guardian's name \_\_\_\_\_  
(Name of parent or legal guardian who assumes financial responsibility for use of card, if applicant is less than 13 years old.)

Email \_\_\_\_\_

Primary mailing address \_\_\_\_\_  
Street address or P.O. Box  
\_\_\_\_\_  
City, State, Zip code

Other address (if different) \_\_\_\_\_  
Street address  
\_\_\_\_\_  
City, State, Zip code

Contact telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I would like to receive library holds and overdue notices by:  
 phone  email  text  phone and text  email and text wireless carrier \_\_\_\_\_

I would like to receive Friends and Foundation information.  yes  no

I would like to receive the Library's e-newsletter, DCPLink.  yes  no

I would like to receive e-newsletters from the Georgia Center for the Book.  yes  no

Replacement cards only:

Do you have current OverDrive holds?  yes  no Do you have a computer printing balance?  yes  no

**Statement of Responsibility** — Your signature below constitutes an agreement to comply with the following statements:

- I understand that this card allows the user to check out any circulating materials, except those restricted by card type.
- I am responsible for all materials checked out on my card and will pay fines and/or fees for late, damaged or lost materials.
- I must notify the Library immediately when my card is lost, stolen or when my address changes.
- I must follow all rules and regulations established by the Library.
- I understand that Library cards must be renewed in person every two years by showing card, ID and proof of address.

Signature of applicant \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_  
(if applicant is less than 13 years old)

## STAFF USE ONLY

Identification \_\_\_\_\_ Check if:  New card  Replacement  Name/address change

Date \_\_\_\_\_ Staff initials \_\_\_\_\_ Library card number 2 2 0 7 1 \_\_\_\_\_

Patron code  B (Basic)  F (Fee)  G (Group Home/Shelter)  I (Infant)  S (Staff)  T (Temporary)