

DEKALB COUNTY PUBLIC LIBRARY Card Application

PLEASE PRINT

Name _____
Last name First name Middle initial

Voter Preference: <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.
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Mailing address _____
Street address or P.O. Box

City, State, Zip code

Residential address (if different) _____
Street address

City, State, Zip code

Email _____ Contact telephone _____ - _____ - _____

I would like to receive library holds and overdue notices by: phone email text (check one)

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

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

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.)

Replacement cards only:
Do you have current OverDrive holds? yes no Do you have a computer printing balance? yes no

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

Gender _____
Age Infant (birth-4) Child (5-12) Teen (13-17) Adult (18-54) Senior (55 and up)
Primary language spoken (check one) English Chinese Japanese Korean Spanish Vietnamese
 Other _____

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.

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 _____

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

B-Stats 1) AFI AMI AFC AMC AFT AMT AFA AMA AFS AMS

2) Zip Code C _____

3) LCHI LENG LJAP LKOR LOTH LSPA LVIE

4) TCC TCOL TGRP TNR TPROP TTEMP TBUS