

For Library Staff Use

Card #/Username: _____

Password: _____

Library Staff Signature: _____

Library Card Application

Please complete this form to apply for a Nichols Memorial Library card and return it to the Library staff.

1. Name: _____

Address : _____

Town : _____ State: _____ Zip: _____

Phone _____ Cell: _____ E-mail _____

2. Permanent Address (if different from local residence)

Name: _____

Address : _____

Town : _____ State: _____ Zip: _____

3. Would you like to subscribe to the Library Happenings email updates? ☐ Yes ☐ No

4. Provide Proof of Identity and Residence:

☐ Driver's License ☐ Vehicle Registration ☐ Utility Bill ☐ Other _____

5. I have been given a copy of the *Policy of Confidentiality of Library Records* ☐ Yes ☐ No

6. I agree to comply with all Library rules and regulations.

Signature: _____ Date: _____

To be completed by parent or guardian if applicant is under 18 years of age.

1. As the parent or legal guardian of this applicant, I understand that I am financially responsible for all Library materials borrowed using this applicant's card, including replacement costs and fees for any damaged materials.

2. Name of Parent/Guardian _____

Signature _____ Date: _____

Permanent Address : _____

Town: _____ State : _____ Zip : _____ Phone : _____ Cell: _____