

Print this form off, complete it and bring it to the library.

## Arrowhead Library System Application for a Library Card

Today's Date: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Do you live within this city's limits? Yes No

Zip: \_\_\_\_\_

Telephone (home) \_\_\_\_\_ Telephone (work) \_\_\_\_\_

Township: \_\_\_\_\_ County: \_\_\_\_\_

Birthday: Month/Day/Year \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Do you currently have an Arrowhead System Card? Yes No

Enter email address if you would like to receive notices by email:

\_\_\_\_\_

I will be responsible for all materials borrowed on this card:

\_\_\_\_\_  
signature of applicant

I will be responsible for my child's library use:

\_\_\_\_\_  
signature of parent or guardian of child under 14

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For Library use only:

Barcode: \_\_\_\_\_ Clerk's Initials: \_\_\_\_\_