

BENTON PUBLIC LIBRARY
LIBRARY CARD APPLICATION

DATE: _____

NAME: _____

PHONE: _____

ADDRESS: _____

EMAIL: _____

APPLICANT'S RESIDENCE IS LOCATED _____ IN THE VILLAGE OF BENTON

_____ OR OUTSIDE THE CITY LIMITS IN THE TOWNSHIP OF _____

IN THE COUNTY OF _____

AS AN ADULT APPLICANT OR PAREN/GUARDIAN OF AN APPLICANT UNDER THE AGE OF 16, MY SIGNATURE SHOWS THAT I AGREE TO BE RESPONSIBLE FOR: ALL MATERIALS ISSUED TO THE CARDHOLDER, TO PAY FOR LOST/DAMAGED ITEMS; TO OBEY LIBRARY POLICIES; AND TO NOTIFY SWLS OF CARDHOLDER'S NAME/ADDRESS CHANGES.

PRINT: _____
(APPLICANT'S LAST NAME) (FIRST) (MIDDLE)

APPLICANT'S SIGNATURE _____

UNDER 16? PARENT SIGNATURE _____

ID REQUIREMENT: DRIVER'S LICENSE # OR STATE ID FROM ADULT APPLICANT OR PARENT/GUARDIAN OF APPLICANT UNDER 16.

APPLICANT'S AGE/DOB: _____

SCHOOL: _____

MAILINGS ADDRESS: _____

CITY: _____

ZIPCODE: _____

PHONE: (HOME) _____ (CELL) _____

PHONE LISTED UNDER: _____

SWLS CARD # _____

STAFF: _____