

LIBRARY CARD APPLICATION



Tell us about yourself:

_____	_____	_____	_____	_____	
<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>	<i>Date of Birth</i>	<i>Email</i>	
_____	_____	_____	_____	_____	
<i>Street Address/PO Box</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>County</i>	_____
<i>Optional Street Address/PO Box</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>County</i>	<i>Cell Phone Number for Text Notifications (if different)</i>
<input type="checkbox"/> <i>Yes, I live within the city limits</i>					

Where do you want to pick up requested materials?

Library Location

Authorize a person to pick up items you place on hold:

First Name *Last Name*

Let's stay in touch.

- | | |
|---|--|
| <input type="checkbox"/> Contact me via automated phone calls | <input type="checkbox"/> Send me an email with my check-out information rather than a printed receipt. |
| <input type="checkbox"/> Email me before items are due | <input type="checkbox"/> Notify me when items I've requested are available: |
| <input type="checkbox"/> Save my checkout history | <input type="checkbox"/> Email <input type="checkbox"/> Phone |
| <input type="checkbox"/> Subscribe me to the library's email newsletter | <input type="checkbox"/> Mail <input type="checkbox"/> Text |

Dependents Under 18 With the Same Address

Does anyone else in your family (same address and contact information) need a library card? Use the lines below to include their information.

_____	_____	_____	_____
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Date of Birth</i>
_____	_____	_____	_____
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Date of Birth</i>
_____	_____	_____	_____
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Date of Birth</i>

In accordance with MN Statute 609.541, a person who detains materials for more than 60 days after notice in writing to return it, given after the expiration of the library's stated loan period for the materials, is guilty of a petty misdemeanor. By MN law, the data that links your personal information with library materials is private and available only to you and appropriate library staff.

- I agree to comply with all rules relating to library services and my library account.
- I accept responsibility for all items checked out on my account and charges that may accrue.
- I agree to notify the library of contact information changes in a timely manner.

Signed by: _____

Date: _____

(If under 18 years of age, parent or guardian must sign)

FOR STAFF USE ONLY

Customer Barcodes and Permission Groups:

Proof of address?

First Name Barcode
Circle Permission Group: Adult - Youth - ND Reciprocal - MN Reciprocal - Homebound - Temporary - Institution - Fee

Proof of address?

First Name Barcode
Circle Permission Group: Adult - Youth - ND Reciprocal - MN Reciprocal - Homebound - Temporary - Institution - Fee

Proof of address?

First Name Barcode
Circle Permission Group: Adult - Youth - ND Reciprocal - MN Reciprocal - Homebound - Temporary - Institution - Fee

Proof of address?

First Name Barcode
Circle Permission Group: Adult - Youth - ND Reciprocal - MN Reciprocal - Homebound - Temporary - Institution - Fee

What Minnesota system is the physical or other LARL address in? (Circle One)

Lake Agassiz Regional Library

Plum Creek Library System (PCLS)

or

Southeastern Libraries Cooperating (SELCO)

Arrowhead Library System (ALS)

Traverse des Sioux Library System (TDS)

East Central Regional Library (ECRL)

Viking Library System (VLS)

Great River Regional Library (GRRL)

or

Kitchigami Regional Library (KRLS)

None Of The Above

Metropolitan Library Service Agency (MELSA)

Northwest Regional Library (NWRL)

Pioneerland Library System (PLS)

Staff Signature
