



# POQUOSON PUBLIC LIBRARY CARD APPLICATION

Please return completed form to the Circulation Desk with photo identification and address verification (i.e. driver's license, preprinted check, utility bill)

**PLEASE PRINT CLEARLY**

**APPLICANT'S NAME:**

Title \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

**AGE:** (Please check one)  **Child** (under 13)  **Teen** (13-17)  **Adult** (18-64)  **Senior** (65 & up)

**BIRTH DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **SEX:** (Please check one)  **Female**  **Male**  
MM DD YYYY

**PRECINCT (POQUOSON RESIDENTS ONLY):**  **Central**  **Eastern**  **Western**

MAILING ADDRESS \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**HOME PHONE:** (\_\_\_\_\_) \_\_\_\_\_ **CELL PHONE:** (\_\_\_\_\_) \_\_\_\_\_

**WORK PHONE:** (\_\_\_\_\_) \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

Receive Library Newsletter by email? Yes \_\_\_ No \_\_\_

**APPLICANT'S SSN:** \_\_\_\_\_ **OR VA DRIVER'S LICENSE:** \_\_\_\_\_

**PARENT/GUARDIAN, PLEASE COMPLETE THE SECTION BELOW IF APPLICANT IS UNDER THE AGE OF 18.**

**PARENT/GUARDIAN NAME:**

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**HOME PHONE:** (\_\_\_\_\_) \_\_\_\_\_ **CELL PHONE:** (\_\_\_\_\_) \_\_\_\_\_

**WORK PHONE:** (\_\_\_\_\_) \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**APPLICANT'S SSN:** \_\_\_\_\_ **OR VA DRIVER'S LICENSE:** \_\_\_\_\_

By signing below, I agree to be responsible for all materials charged on this library card, to report the loss of card immediately, to inform the library in a timely manner of change of address/phone number, and to pay for any late or lost items charged on this card. If card is for child under 18, I give permission to use library computers and internet.

**SIGNATURE (applicant)** \_\_\_\_\_ **SIGNATURE (guardian)** \_\_\_\_\_

**STAFF USE ONLY**

**Patron Barcode:** 23725 \_\_\_\_\_ **Date:** \_\_\_\_\_ **Staff Int** \_\_\_\_\_