



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:

Last _____ First _____ Middle _____

BIRTH DATE: ____/____/____
MM DD YYYY

IF APPLICANT IS UNDER 18, CONTACT INFORMATION MUST BELONG TO A LEGAL GUARDIAN.

Mailing Address _____

City _____ State _____ Zip Code _____

PRIMARY PHONE: (_____) _____ ☐ cell ☐ landline ☐ _____

SECONDARY PHONE: (_____) _____ ☐ cell ☐ work ☐ _____

E-MAIL: _____

Receive Library Newsletter by email? Yes__ No__

Receive notifications (overdues and holds) by text? Yes__ No__

APPLICANT/LEGAL GUARDIAN'S VA DRIVER'S LICENSE NUMBER OR SSN: _____

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 damaged 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/legal guardian) _____

PRINTED NAME (legal guardian) _____

STAFF USE ONLY

Patron Barcode: 23725000 _____ Date: _____ Staff Int _____