LEMONT PUBLIC LIBRARY DISTRICT LIBRARY CARD APPLICATION

BARCODE: (STAFF FILLS IN GRAY AREAS)	Circle one:	Resident Non-RES RB Business Staff
LAST NAME:		MIDDLE INITIAL:
FIRST NAME:		DATE OF BIRTH:
EMAIL ADDRESS:		RECIPROCAL BORROWER EXPIRATION DATE:
ADDRESS:		CITY:
ZIP CODE:	OUNTY: (COOK, WILL, ETC.)	PHONE NUMBER:
NOTIFICATION PREFERENCE: CIRCLE ONE:		
EMAIL EMAIL & TEXT PHONE C	ALL	
CELL PHONE NUMBER FOR TEXT MESSAGES (em	nail & text option)	CELL COMPANY:
ADDITIONAL FAMILY MEMBERS GETTING CARDS - (UNDER 18 YEARS OF AGE)		
		BARCODE (Staff fills in)
LAST, FIRST, MIDDLE INITIAL, DATE OF BIRTH, A	GE	
LAST, FIRST, MIDDLE INITIAL, DATE OF BIRTH, A	GE	
LAST, FIRST, MIDDLE INITIAL, DATE OF BIRTH, A	GE	
LAST, FIRST, MIDDLE INITIAL, DATE OF BIRTH, A	GE	
I GIVE PERMISSION FOR INTERNET USAGE FOR	MY MINOR CHILDREN	YES / NO
I understand that I am responsible for all mater	rials checked out on all accounts	
attached to this library card application, for all		
overdue, lost or damaged items. I agree to com fines.	ply with library policy regarding	
	NE	
PATRON/PARENT/LEGAL GUARDIAN SIGNATUR	(E:	
CHECK IF NON-RESIDENT(CARD EXPIRES IN 1 Y fee charged \$ circle one: credit car		Non-resident Expiration date:
STAFF INITIALS:	DATE:	Associated family members