

**LEMONT PUBLIC LIBRARY DISTRICT  
LIBRARY CARD APPLICATION**

<b>BARCODE:</b> (STAFF FILLS IN GRAY AREAS)	<b>Circle one:</b>	<b>Resident    Non-resident</b> <b>RB            Business</b>
<b>LAST NAME:</b>	<b>MIDDLE INITIAL:</b>	
<b>FIRST NAME:</b>	<b>DATE OF BIRTH:</b>	
<b>EMAIL ADDRESS:</b>	<b>RECIPROCAL BORROWER EXPIRATION DATE:</b>	
<b>ADDRESS:</b>	<b>CITY:</b>	
<b>ZIP CODE:</b>	<b>COUNTY: (COOK, WILL, ETC.)</b>	<b>PHONE NUMBER:</b>
<b>NOTIFICATION PREFERENCE: CIRCLE ONE:</b> <b>EMAIL          TEXT          EMAIL &amp; TEXT          PHONE</b>		
<b>CELL PHONE NUMBER FOR TEXT MESSAGES</b>	<b>CELL COMPANY:</b>	

IF YOU **DO NOT** WISH TO RECEIVE OCCASIONAL NEWS AND UPDATES VIA EMAIL

<b>ADDITIONAL FAMILY MEMBERS GETTING CARDS - (UNDER 18 YEARS OF AGE)</b>	<b>BARCODE (Staff fills in)</b>
<b>LAST, FIRST, MIDDLE INITIAL, DATE OF BIRTH, AGE</b>	
<b>LAST, FIRST, MIDDLE INITIAL, DATE OF BIRTH, AGE</b>	
<b>LAST, FIRST, MIDDLE INITIAL, DATE OF BIRTH, AGE</b>	
<b>LAST, FIRST, MIDDLE INITIAL, DATE OF BIRTH, AGE</b>	
<b>I GIVE PERMISSION FOR INTERNET USAGE FOR MY MINOR CHILDREN</b>	<b>YES / NO</b>

*I understand that I am responsible for all materials checked out on all accounts attached to this library card application, for all charges that may result from overdue, lost or damaged items. I agree to comply with library policy regarding fines.*

<b>PATRON/PARENT/LEGAL GUARDIAN SIGNATURE:</b>		
<input type="checkbox"/> CHECK IF NON-RESIDENT(CARD EXPIRES IN 1 YEAR FROM TODAY)		<b>Non-resident Expiration date:</b>
<b>fee charged \$_____ circle one: credit card    cash    check #_____</b>		
<b>STAFF INITIALS:</b>	<b>DATE:</b>	<input type="checkbox"/> Associated family members