

FOR OFFICE USE ONLY

CARD NUMBER: _____

CREATED BY: _____ CHECKED BY: _____

DRIVER LICENSE NUMBER: _____

ELKADER PUBLIC LIBRARY CARD APPLICATION

Library cards are issued free to residents of the city area and those that contract with the city of Elkader. Children wishing to obtain a library card must have recently completed the 2nd grade or have turned seven years of age and are able to write their own name.

The Elkader Public Library also participates in the State of Iowa Open Access Program which allows free cards to residents of other communities in Iowa. Cards for Out-of-State (non-Iowa) residents cost \$25 per year and must be renewed on a yearly basis.

To safeguard patron privacy, we require photo I.D. and proof of current address.

To apply for a library card, please fill out the form below. Please print and use blue or black ink.

First Name: _____ **Last Name:** _____

Date of Birth: ____/____/____ **(If applicable) Guardian's Name:** _____

Street Address: _____

Mailing Address (if different from above): _____

City: _____ **State:** _____ **Zip:** _____

Phone: (circle one) Home / Cell / Work / Other _____

Alternate Phone: (circle one) Home / Home / Work / Other _____

Email Address: _____

When we need to contact you, how do you prefer to be contacted?

For holds: PHONE EMAIL TEXT MESSAGE

For overdues: PHONE EMAIL TEXT MESSAGE

For 3-day notice on due dates: PHONE EMAIL TEXT MESSAGE

The person whose signature appears below or his/her guardian is responsible for all materials borrowed on this card. They agree to the following: I agree to pay all fines or fees, abide by the policies of the library, promptly report the loss/theft of my library card, and will notify the library of changes to my name, address or other contact information.

Signature: _____

(If applicable) I authorize and assume responsibility for my child to borrow library materials and use the computers.

Parent/Guardian Signature: _____