

**LIBRARY CARD APPLICATION  
FOR THE NORTH MARION COMMUNITY LIBRARY**

*I accept full responsibility for the use of this card and payment of fines and fees charged to it. I will notify the library of any changes to my address, e-mail, or phone number(s).*

**Please print:** Full name \_\_\_\_\_  
(last) (first) (middle initial)

Address \_\_\_\_\_  
(street with unit #) (city) (state) (zip)

Mailing address \_\_\_\_\_  
(if different) (street with unit # or PO Box) (city) (state) (zip)

E-mail address \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Applicant signature \_\_\_\_\_

**Please fill out information below if there are children in the family who want library cards:**

(1) Full name \_\_\_\_\_  
(last) (first) (middle initial)

Date of birth \_\_\_\_\_ **STAFF USE** \_\_\_\_\_  
(month/day/year)

(2) Full name \_\_\_\_\_  
(last) (first) (middle initial)

Date of birth \_\_\_\_\_ **STAFF USE** \_\_\_\_\_  
(month/day/year)

(3) Full name \_\_\_\_\_  
(last) (first) (middle initial)

Date of birth \_\_\_\_\_ **STAFF USE** \_\_\_\_\_  
(month/day/year)

**STAFF USE**

Date \_\_\_\_\_ Staff Initials \_\_\_\_\_ Library card number \_\_\_\_\_