



# LONGPORT PUBLIC LIBRARY

## New Library Card Application

Date: \_\_\_\_\_

Please Print

To receive a library card, you must complete this form and provide photo identification, if your photo identification does not include a local address, you must provide proof of address, such as a tax or utility bill. If you are under the age of 18, your parent or guardian must also sign the application.

Are you a: (Please circle)

- Year-Round Longport Resident
- Longport Property Owner
- County Resident
- Vacation Renter
- Business Owner
- Other: \_\_\_\_\_

For official use only

Library Card Number: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

### PATRON INFORMATION

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Local Address (No P.O. Boxes): \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Driver's License Number and State: \_\_\_\_\_

Other type of id: \_\_\_\_\_

Birthdate: \_\_\_\_\_

### Borrower Agreement

I agree to accept responsibility for all materials borrowed on this card and for the loss and damage to the materials. I understand that I am responsible for notifying the library in case of loss or theft of this card and that failure to do so may result in my being held liable for materials being borrowed without my consent. I understand that I am obligated to inform the library when my address or email address changes and that failure to do so may result in my not receiving bills for which I which I may be held liable.

I agree to receive notices and information from the Longport Public Library via email

I do not wish to receive notices and information from the Longport Public Library via email.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_