



Photo identification is required. All information is confidential.

Last Name

First Name

Middle Name/Initial

Street address or PO Box

City

State

Zip Code

Area Code

Home Phone Number

Area Code

Cell Phone Number

Email Address

I am a resident of

County of Residence

I am a King George Educator

Out-of-county cards are \$15 for three months or \$25 per year.

Please create a four digit PIN (numbers only)

Notifications by:
(check only one)

Email

Text

Wireless Provider:

Complete if 17 years or younger.

Age: 0-11

12-17

Birthdate: ____/____/____
Month Day Year

Parent/Guardian Name: _____

Please print

I agree to comply with all library rules and to accept responsibility for all materials borrowed or services used.
I understand that I am the only person authorized to use my library card.

I understand that all library materials, including books, audiovisual items, electronic databases and the Internet, are available to all library users. I understand that I am responsible for my child's use of all library materials, including the Internet.

Signature of applicant _____
or parent/guardian

Date: _____



Photo identification is required. All information is confidential.

Last Name

First Name

Middle Name/Initial

Street address or PO Box

City

State

Zip Code

Area Code

Home Phone Number

Area Code

Cell Phone Number

Email Address

I am a resident of

County of Residence

I am a King George Educator

Out-of-county cards are \$15 for three months or \$25 per year.

Please create a four digit PIN (numbers only)

Notifications by:
(check only one)

Email

Text

Wireless Provider:

Complete if 17 years or younger.

Age: 0-11

12-17

Birthdate: ____/____/____
Month Day Year

Parent/Guardian Name: _____

Please print

I agree to comply with all library rules and to accept responsibility for all materials borrowed or services used.
I understand that I am the only person authorized to use my library card.

I understand that all library materials, including books, audiovisual items, electronic databases and the Internet, are available to all library users. I understand that I am responsible for my child's use of all library materials, including the Internet.

I understand that my library card will expire one (1) year from today's date.

Signature of applicant _____ **Date:** _____
or parent/guardian if applicant 17 years or younger

Library Card Renewals

This side of the form may be used **ONLY** when there are no changes to the patron account. Changes to account information require a new library card application.

Renewal Date: _____ New Expiration Date: _____

Amount paid: _____ Staff Initials: _____

Renewal Date: _____ New Expiration Date: _____

Amount paid: _____ Staff Initials: _____

Renewal Date: _____ New Expiration Date: _____

Amount paid: _____ Staff Initials: _____

Renewal Date: _____ New Expiration Date: _____

Amount paid: _____ Staff Initials: _____

Renewal Date: _____ New Expiration Date: _____

Amount paid: _____ Staff Initials: _____

Renewal Date: _____ New Expiration Date: _____

Amount paid: _____ Staff Initials: _____

Renewal Date: _____ New Expiration Date: _____

Amount paid: _____ Staff Initials: _____

Renewal Date: _____ New Expiration Date: _____

Amount paid: _____ Staff Initials: _____

Renewal Date: _____ New Expiration Date: _____

Amount paid: _____ Staff Initials: _____

Renewal Date: _____ New Expiration Date: _____

Amount paid: _____ Staff Initials: _____