



# WESTERN COUNTIES REGIONAL LIBRARY LIBRARY CARD APPLICATION

FULL LEGAL NAME \_\_\_\_\_

1. CURRENT ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_

PHONE \_\_\_\_\_ How long have you lived at this address? \_\_\_\_\_

E-MAIL \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ BIRTHDATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

DRIVERS LICENSE # \_\_\_\_\_

2. SECONDARY CURRENT ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_

SECOND PHONE \_\_\_\_\_

I accept full responsibility for all use made of my library card and will immediately report loss, theft or unauthorized use of my library card to the library. I understand that the library will pursue all legal means available to reclaim unreturned materials.

PARENTS/GUARDIANS LIBRARY CARD NUMBERS \_\_\_\_\_

PATRON SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(Or parent's/guardian's signature if applicant is under 12 years of age)

PARENT'S/GUARDIAN'S NAME (print) \_\_\_\_\_

### FRIENDS OF THE LIBRARY

*The Friends of the Cabell County Public Library provides support for the programs, special activities, and staff of the Cabell County Public Library. The Friends work to raise awareness of the valuable services provided by the Library to the community. There is a modest membership fee.*

Are you interested in becoming a member of the Friends of the Library? \_\_\_\_\_ Yes \_\_\_\_\_ No

### FOR STAFF USE ONLY

User Profile \_\_\_\_\_ PIN # \_\_\_\_\_

Location Issued \_\_\_\_\_ Staff Initials \_\_\_\_\_

Patron Barcode # \_\_\_\_\_