

DELAWARE LIBRARIES  
**LIBRARY CARD APPLICATION**

**BASIC INFORMATION:**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

male  female

Birthdate \_\_\_\_\_ I am  18 or older  17 or younger \* See below

PIN \_\_\_\_\_

**ADDRESS:**

**Primary Residence:**

Street: \_\_\_\_\_ Apt. \_\_\_\_\_ P.O. Box \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

**Secondary:**

Street: \_\_\_\_\_ Apt. \_\_\_\_\_ P.O. Box \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

**CONTACT INFORMATION:**

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

Main Telephone: (\_\_\_\_\_) \_\_\_\_\_ Secondary/Mobile Phone: (\_\_\_\_\_) \_\_\_\_\_

**I would like to receive text messages on my mobile phone for:**

Overdue Notice  Hold/Pickup Notice  Messages

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

**\*PARENT/GUARDIAN INFORMATION:**

Name of Parent or Legal Guardian: \_\_\_\_\_

I have read the Library's Internet Policy and wish to give my child the following access to the Internet or other online services:

Internet Access  Full  Limited (Library supplied databases and software only) Initials: \_\_\_\_\_

I understand that the Library does not accept responsibility for my child's choice of Library materials and that I am responsible for the materials borrowed by my child and any fines or fees accrued on them until the youth turns 18. At that time, any outstanding charges on the youth card will be transferred to my adult library card account.

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

**For staff use only:**

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

Driver's License (State/Number) or Passport: \_\_\_\_\_

City of  Dover  Harrington  Smyrna  Milford School District

Profile Name if not Resident:  NONRES  NRPO  Temp  Other

Staff Name: \_\_\_\_\_