



**OREGON PUBLIC LIBRARY
LIBRARY CARD APPLICATION**

SOUTH CENTRAL LIBRARY SYSTEM

IDENTIFICATION REQUIRED:

Photo I.D. (i.e. Driver's license, state I.D. card) and **Proof of Current Address** (i.e. Driver's license, state I.D., recent mail, checkbook)

PATRON INFORMATION (please print):

Name: _____
Last First Middle

Name on Photo ID (complete if different than name above): _____

Birthdate: ____ / ____ / ____ **Age Group:** 0-15 16-64 65+
Month Day Year

Mailing Address: _____
Street, RR/Fire Number or P.O. Box City or Village State Zip

County: _____

Residential Address: (Only complete if different from mailing address)

Street, RR/Fire Number or P.O. Box City or Village State Zip

Email _____ **Optional:** Check box for Oregon's **Library Buzz** e-newsletter

Phone (____) _____

MESSAGING PREFERENCES (Overdue notices are a default for all patrons and will be delivered via email or USPS mail)

I want to be notified that my requests ("holds") are available by:

- Email (same day) Phone call (next day)
- Text (next day) No hold notices

I would like to receive a reminder Email 2 days before my Items are due

- Yes, send a reminder to my Email

HOLDS

I prefer to pick up my holds at: Oregon Library Other (Bookmobile, other library): _____

ACCEPTANCE OF RESPONSIBILITY (Read carefully!):

- I will be responsible for all materials checked out on this card, including materials checked out by others with or without my consent, unless I have previously reported the loss of my card.
- I will report a lost or stolen card, or any change of personal information (name, address, phone, email), immediately.
- I will comply with all library rules and policies.
- I understand that there may be charges for overdue, lost, damaged and stolen library materials.
- I understand that the library provides access to a broad range of resources and that it is my responsibility to judge for myself and for my children or minor dependents what resources are appropriate for my/our personal use.

PATRON SIGNATURE _____ **Date:** _____

FOR JUVENILES (AGE 0-15), PLEASE COMPLETE:

Parent or Legal Guardian Signature: _____ **Date:** _____

Please print Parent or Legal Guardian Name: _____

FOR LIBRARY STAFF USE ONLY:

Type of registration:
 New patron Address change
 Lost Renewal
 Name Change (Former name _____)

Staff initials/LIB verifying ID: _____
 Proof of current address
 Patron Category: _____
 PSTAT (Sort 1): _____
 Photo ID type: _____

Send application to library of residence: _____

Patron has been issued card with barcode _____ from _____.

Children will receive their own library card and account.

Name of Child: _____
Last First Middle

Birthdate: ____/____/____

Preferred Name: _____

Barcode - Staff Use Only

Name of Child: _____
Last First Middle

Birthdate: ____/____/____

Preferred Name: _____

Barcode - Staff Use Only

Name of Child: _____
Last First Middle

Birthdate: ____/____/____

Preferred Name: _____

Barcode - Staff Use Only

Name of Child: _____
Last First Middle

Birthdate: ____/____/____

Preferred Name: _____

Barcode - Staff Use Only