



Addison Township Public Library
Library Card Application

Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Phone carrier: _____

Email: _____

Alternate ID Number: _____

Name of one who has authorization to pick up materials besides the library cardholder: _____

I agree to take full responsibility for all activity on my library card. I agree to comply with all of Addison Township Public Library's policies, to pay all fines, and to be responsible for any loss or damage to materials.

Signature: _____ Date: _____

For Patrons Under 18 Years of Age

Parent/Legal Guardian Name: _____

I certify that I am the Parent/Legal Guardian of the minor and will take full responsibility for all activity on the minor's library card.

Parent/Legal Guardian Signature: _____

Date: _____