6/2022 M ___ F___ **LIBRARY CARD APPLICATION** Barcode _____

WELCOME TO THE SINCLAIRVILLE LIBRARY! Your name and proof of address are required for you to receive a library card.
IMPORTANT: All of the information you provide on this form is kept confidential by law.

Library Card Applicant Information: (Please print)

Last Name _____

First Name Middle Initial _____

Mailing/Street Address _____

City/State/Zip _____

Permanent Address _____

City/State/Zip _____

Home Phone/ Cell Phone _____

Birth Date ____-_____-_____

Email Address _____

Parent or Legal Guardian Information
Children's Use only

Last Name _____

First Name Middle Initial _____

Mailing/Street Address _____

City/State/Zip _____

Permanent Address _____

City/State/Zip _____

Home Phone/ Cell Phone _____

Birth Date ____-_____-_____ Email Address _____

Library card number _____

Public School District where you live_____ Township or Village where you live _____

Please choose a 4 digit PIN number for online library access and library computer use. ___ ___ ___ ___

I agree to abide by the rules and regulations of the Sinclairville Library, including the Code of Patron Conduct and Internet Policies and to be responsible for all fees and fines assessed for services and overdue, lost, or damaged items charged to this card. In the event this card is lost or stolen, I understand that I am responsible for charges pending until the date the Library is notified of the loss.

☐ The Chautauqua-Cattaraugus Library System may send me text messages regarding my account to include reminders of due dates and notices that materials are available for pick up.

SIGNATURE_____ **DATE** _____

Card Type: A J YA OTHER____ Staff Initials & Date: _____ /_____
entered completed