



# LIBRARY CARD APPLICATION

Grangeville Centennial Library

NAME (please print legibly) \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Date of Birth \_\_\_\_\_

Email \_\_\_\_\_

I understand the library staff are not responsible for the type of materials my child/children may place a hold on or check out. I understand that the library internet connections are filtered in accordance with the Child Internet Protection Act but are not monitored. I acknowledge that I am responsible for all holds and checkouts conducted by this card and it is my responsibility to supervise such activities. **\*Required**

I understand I am applying for the privilege to use the library. I agree to comply with all its rules, to take care of all materials borrowed, to pay fines or damages and give immediate notice of my change of address and phone number. **\*Required**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Library Card Number \_\_\_\_\_

Staff Initial \_\_\_\_\_

Address Verification Type \_\_\_\_\_