

Cannon County Library System Membership Application

I apply for library privileges, understanding that materials borrowed on my card are my responsibility. I agree to abide by the material and computer policies and set by Cannon County Library Board.

Please print clearly.

Full Name:		Date of Birth:	
Address:			
City:	State:	Zip Code:	
Phone Number:	Library E-Newsletter YES NO	For Account and Holds information PLEASE NOTIFY ME BY : (circle one) EMAIL PHONE U.S. MAIL	
Secondary Phone Number :			
Email: <i>(Minors, use parent/ guardian email address)</i>			
I agree by submitting this application to take care of materials checked out with my card, and pay any fines or damages that occur. I understand that until I notify the Cannon County Library System of a lost or stolen card, I am responsible for all materials checked out on my library card.			
Signature of applicant:		Date:	
Signature of parent <i>(only if patron is under 18):</i>		Date:	
Staff use only			
Barcode Number:	Sign & Date	Parent of Child:	
Circle one of the following : ADULT CHILD STAFF TRS	POA:		

What to bring when picking up your card:

- **Patrons must have a photo ID with current address, or;**
- **Photo ID and a piece of mail with current address (utility bill, bank statement, lease or rental agreement, or other type of bill)**

The Cannon County Library System does not discriminate in the provision of services, programs, or activities. The information provided will not be a factor in consideration of your application for a library card. While submission of this form is not mandatory, the CCLS does wish to maintain demographic information about patrons who apply for library cards in order to evaluate services, programs, and activities that will best meet the needs of our patrons.

Age category: ___ under 18 ___ 18-54 ___ 55 and over

Gender: ___ Male ___ Female

Ethnic/Racial Background: ___Caucasian ___Black ___Hispanic

___American Indian ___Asian/Pacific Islander ___ Alaskan Native