

MARTIN LIBRARY - APPLICATION FOR INDIVIDUAL MEMBERSHIP

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Last Name First Name Middle Name Jr., Sr., I, II

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Street Address Apartment Number

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City or Town State Zip Code Date of Birth (mm/dd/yy)

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(City, Borough, or Township) Driver's License or ID Number

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Telephone (First Choice)

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Telephone (Second Choice)

<input type="checkbox"/>	<input type="checkbox"/>
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M F
Gender

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E-mail Address (Used to notify you of reserves received, when provided.)

Are you a student? (K-12) Yes No Are you a teacher? (K-12) Yes No

If yes to either question, please indicate the following:

Name of School District: _____

Name of School/Homeschool: _____

If a student/minor please indicate the name of parent/guardian: _____

Are you a college student? Yes No

If yes, please indicate your permanent address: _____

Please indicate your race or ethnicity — this information helps in obtaining grant funding.

<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Hispanic (Any Race)	<input type="checkbox"/> Other
<input type="checkbox"/> Mixed Race	<input type="checkbox"/> Native American	<input type="checkbox"/> White, Non Hispanic	_____

I understand and agree:

1. To report the loss or theft of my card promptly.
2. To be responsible for materials and extended use fees.
3. To report change of name and/or address promptly.
4. To obey posted rules of conduct or otherwise risk having my library privileges revoked.
5. That access to all collections and the Internet are automatically provided to all cardholders.

I understand and agree that Martin Library:

1. Is not responsible for notifying me of overdue materials.
2. Reserves the right to request valid identification of card holder.
3. May search packages, etc. for unauthorized removal of library materials.
4. May refuse use of card to anyone except the individual to whom the card is issued.
5. Will not monitor the appropriateness of materials checked out to minors.
6. Protects the privacy of library records of children and adults with respect to information sought or received and items consulted or borrowed.

Signature _____

Signature of Parent/Guardian (If under 13 years of age) _____

This box to be completed by a library staff member:

Barcode: _____

Initials: _____

York Address ID

Yes No