



LIBRARY CARD APPLICATION

Welcome to the Cromaine Library! For your free library services, complete this application for each household member. Present a driver's license, student I.D., parent/guardian or other proof of residency to the library staff and get your new library card.

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

E-mail address: _____

I prefer to receive library notices (requested materials on hold, overdue notices, etc.) via:

Email Phone Mail **NOTE: Please help Cromaine save costs by using e-mail.**

Township: Hartland Brighton Deerfield Genoa Oceola Tyrone Other

Sex: Female Male Year of Birth: _____

Library district resident since: before 1995 1996 - 2000 2001 - 2005 2006 - 2010

Library Use: Resident Reciprocal MichiCard Non-Resident Home Library _____

- Note:**
- **Minors:** If the person listed above is under 18 years old, a parent or legal guardian must complete the *Minor's Library Records and Parent/Legal Guardian* below.
 - **Library Privacy:** Michigan law prohibits the library from sharing cardholder information. If you wish to authorize another person to pick up items on hold for you, complete the *Release of Library Records* form on the reverse side of this page.

MINOR'S LIBRARY RECORDS AND PARENT/LEGAL GUARDIAN

Minor's Last Name: _____ First: _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Alternate Phone: _____

I certify that the information on this application is correct and that I am the parent or legal guardian of the applicant. I accept full responsibility for return of library materials checked out by the above-named child, as well as liability for payment for any damaged or lost materials. I accept responsibility for my child's use of any and all library materials, including the Internet. Any restriction on my child's library use is my responsibility. I authorize the library to release information to me and to _____ about the applicant's overdue and lost materials.

Parent/Guardian signature: _____ Date: _____

Witness: _____

Library employee signature

3/09

