



Library Card Application

This card is for (PLEASE CIRCLE ONE)

Adult

Teen (grades 6-12) DOB ____/____/____

Juvenile (birth - grade 5) DOB ____/____/____

LAST NAME FIRST NAME

ADDRESS TOWN ZIP

E-mail

E-mail is required for online access, is never given to third parties, and will be used for all notifications from the library.

Preferred Contact # (_____) _____
AREA CODE REQUIRED

¿Quieres recibir las notificaciones de la biblioteca en español? _____

Statement of Responsibility

I understand that this card is to be used to borrow all materials, for library computers, and for program registration. I further understand that I am responsible for all materials checked out on this library card and for all fines incurred due to the late return, loss or damage of materials. I also agree to give the library immediate notice of change of residency information, phone number, e-mail address or loss of card. Library cards must be renewed every five years. Proof of residency will be required at that time.

I hereby agree to abide by the rules of the Sachem Public Library.

SIGNATURE

Library Use Only

ID shown:

Duplicate Record(s) Found:	YES	NO	Initials:
Duplicate record belongs to this patron:	YES	NO	
New Patron transferred to duplicate record:	YES	NO	