

# DR. GRACE O. DOANE ALDEN PUBLIC LIBRARY

## LIBRARY CARD FORM

### Borrower's Agreement

I agree:

\*To observe all library rules.

\*To be responsible for all materials borrowed with my card.

\*To pay all fees associated with my card.

\*To report the loss, theft or abuse of my card immediately. I understand that I am responsible for all fees and any items checked out on my card prior to being reported lost or stolen.

Print Name \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian/Sponsor, I understand that I am responsible for this child's use of all library materials and services

Print child's name here \_\_\_\_\_

Print Parent/Guardian/Sponsor name here \_\_\_\_\_

Parent/Guardian/Sponsor sign here  
\_\_\_\_\_

### REGISTRATION INFORMATION

\*Proof of residence needed (utility bill, rental agreement, etc)

First name \_\_\_\_\_

Last name \_\_\_\_\_

Driver's License/ID# \_\_\_\_\_

Home address \_\_\_\_\_  
\_\_\_\_\_

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

Gender \_\_\_\_\_

Primary Phone \_\_\_\_\_

Email \_\_\_\_\_

#### Child:

First name \_\_\_\_\_

Last name \_\_\_\_\_

Home address (if different) \_\_\_\_\_  
\_\_\_\_\_

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

Gender \_\_\_\_\_

Primary Phone \_\_\_\_\_

Email \_\_\_\_\_

For office only:

Staff name (printed) \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

Material used for proof of residence: \_\_\_\_\_