



# ATHENS-LIMESTONE COUNTY PUBLIC LIBRARY

## APPLICATION FOR LIBRARY CARD

2	2	4	7	8	0	0	0						
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Former #: \_\_\_\_\_

**PHOTO IDENTIFICATION AND VERIFICATION OF CURRENT ADDRESS OF THE CARD HOLDER REQUIRED.**

If the card holder is **under the age of 18**, identification and signature of a parent or court appointed legal guardian is also required.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Last Name
First Name
Middle Initial
Date of Birth  
(MM/DD/YYYY)

\_\_\_\_\_  
Parent / Court Appointed Legal Guardian's Name (If cardholder is under 18)

\_\_\_\_\_/\_\_\_\_\_

Mailing Address
Physical Address

\_\_\_\_\_/\_\_\_\_\_

City
State
Zip Code

**Notification Preference**

Email       Text

\_\_\_\_\_/\_\_\_\_\_

Main Phone
Name of Cell Phone Company  
(Must Have to Send Text Notification)

- Athens City Limits
- NE Limestone County
- NW Limestone County
- SE Limestone County
- SW Limestone County
- Other
- Out of County

\_\_\_\_\_  
Email Address

\_\_\_\_\_/\_\_\_\_\_

State
Driver's License Number

I agree to obey the rules and regulations of the Athens-Limestone County Public Library and to be responsible for all charges incurred for any overdue, lost, or damaged materials in accordance with Athens City Ordinance 93-1157. In the event my card is stolen, I understand that I am responsible for all charges on it until the library is notified of its loss or theft.

\_\_\_\_\_/\_\_\_\_\_

Signature (Card Holder)
Date

\_\_\_\_\_/\_\_\_\_\_

Parent/Legal Guardian (Card Holder)
Date

<b>FOR LIBRARY USE ONLY</b>		Notes: _____
<input type="checkbox"/> New Card	<input type="checkbox"/> Juvenile: 0-12 yrs	
<input type="checkbox"/> Replacement Card	<input type="checkbox"/> Young Adult: 13-17 yrs	
<input type="checkbox"/> Non-resident Paid	<input type="checkbox"/> Adult: 18 and up	
<input type="checkbox"/> Family Account Paid		
<input type="checkbox"/> Limited User	<u>Staff Initials:</u> _____	<u>Paid: \$</u> _____