



Photo identification is required. All information is confidential.

Last Name

First Name

Middle Name/Initial

Street address or PO Box

City

State

Zip Code

Area Code

Home Phone Number

Area Code

Cell Phone Number

Email Address

I am a resident of

County of Residence

Male

Female

Notifications by:
(check only one)

Email

Text

Wireless Provider:

I am a King George Educator

Out-of-county cards are \$15 for three months or \$25 per year.

Please create a four digit PIN (numbers only)

Complete if 17 years or younger.

Age: 0-11

12-17

Birthdate: ____/____/____
Month Day Year

Parent/Guardian Name: _____

Please print

I agree to comply with all library rules and to accept responsibility for all materials borrowed or services used. I understand that I am the only person authorized to use my library card.

I understand that all library materials, including books, audiovisual items, electronic databases and the Internet, are available to all library users. I understand that I am responsible for my child's use of all library materials, including the Internet.

Signature of applicant _____ **Date:** _____
or parent/guardian