PUBLIC LIBRARY OF ENID & GARFIELD COUNTY

Library Card Registration

PLEASE FILL IN THIS APPLICATION AND BRING IT IN TO THE LIBRARY WITH YOUR PICTURE ID AND PROOF OF ADDRESS TO GET THE LIBRARY CARD!!!!

You must show a **picture ID AND proof of current address** to get a library card, for yourself or your dependent children.

Last Name | First Name | Middle Name or Initial

Mailing Address

City | State | Zip Code

Home Phone | Work or Cell Phone | E-Mail Address

Birth Date (MM/DD/YYYY) | ID Number (Driver's License Number, SSN, etc.)

☐ Male ☐ Adult Do you live in the city limits of Enid? ☐ **Y** ☐ **N**

☐ Female ☐ Juvenile, Under 18 Do you live in Garfield County? ☐ **Y** ☐ **N**

By signing for a library card for myself or my child, I agree that:

1. I and any children under my care will abide by library rules. Children 9 years old or younger may not be left unattended.
2. I assume responsibility for all materials checked out on this card.
3. I will return all materials and/or pay for all unreturned or damaged materials charged to this card. I understand fines will be charged on all overdue, lost, or damaged materials.
4. I understand a $1.00 fee will be charged for replacing a lost or stolen library card.
5. I will not hold the Library responsible for any damage that borrowed materials might cause to my own equipment.
6. My child will have access to all library materials: books, books-on-tape, videos, magazines, newspapers, audiocassettes, compact discs, CD-ROMs, and filtered Internet**.**

PARENTS CHECK HERE ➔ ☐ **I have received a copy of the Children's Safety Policy.**

I would like to know more about ☐ Volunteering at the Library

☐ Volunteering to Teach Adults to Read

Signature of Cardholder **Today's Date**

Signature of Parent/Guardian **Printed Name of Parent/Guardian**

********** FOR LIBRARY USE ONLY **********

Name Searched? Y N ___ NEW ___ REPL DATE? BARCODE # _____ Staff INITIALS _____

NOTES _____