LEMONT PUBLIC LIBRARY DISTRICT
LIBRARY CARD APPLICATION

BARCODE: (STAFF FILLS IN GRAY AREAS) Circle one:	Resident Non-RES RB Business Staff
LAST NAME:	MIDDLE INITIAL:
FIRST NAME:	DATE OF BIRTH:
EMAIL ADDRESS:	RECIPROCAL BORROWER EXPIRATION DATE:
ADDRESS:	CITY:
ZIP CODE: COUNTY: (COOK, WILL, ETC.)	PHONE NUMBER:
NOTIFICATION PREFERENCE: CIRCLE ONE: EMAIL EMAIL & TEXT PHONE CALL	
CELL PHONE NUMBER FOR TEXT MESSAGES (email & text option)	CELL COMPANY:

☐ IF YOU ***DO NOT*** WISH TO RECEIVE OCCASIONAL NEWS AND UPDATES VIA EMAIL

ADDITIONAL FAMILY MEMBERS GETTING CARDS - (UNDER 18 YEARS OF AGE)	BARCODE (Staff fills in)
LAST, FIRST, MIDDLE INITIAL, DATE OF BIRTH, AGE	
LAST, FIRST, MIDDLE INITIAL, DATE OF BIRTH, AGE	
LAST, FIRST, MIDDLE INITIAL, DATE OF BIRTH, AGE	
LAST, FIRST, MIDDLE INITIAL, DATE OF BIRTH, AGE	
I GIVE PERMISSION FOR INTERNET USAGE FOR MY MINOR CHILDREN	YES / NO

I understand that I am responsible for all materials checked out on all accounts attached to this library card application, for all charges that may result from overdue, lost or damaged items. I agree to comply with library policy regarding fines.

PATRON/PARENT/LEGAL GUARDIAN SIGNATURE:	
☐ CHECK IF NON-RESIDENT(CARD EXPIRES IN 1 YEAR FROM TODAY) fee charged $_____ circle one: credit card cash check #_____	Non-resident Expiration date:
STAFF INITIALS: DATE:	☐ Associated family members

ADULT: 18 AND OLDER YOUNG ADULT 11-17 JUVENILE 0-10