



Madison County Library Card Application

Applicant (or applicant's parent) must provide photo identification and proof of address. Please print clearly.

Last Name	First Name	Middle Name
Mailing Address		Apt. #
City, State	Zip Code	County of Residence
Email Address	May we contact you with event and newsletter updates? YES NO	
Telephone ()	If under 18, Date of Birth (mm/dd/yyyy)	
Alternate Contact Name:		Telephone: ()

I agree to be responsible for all materials checked out with my library card; to promptly pay all fines; to report a lost card; to notify the library of changes to information on this form; and to observe library rules, including the Internet usage policy.

Signature of Applicant:

Date:

For Parent of Guardian of Minor Applicant (under 15):

I acknowledge that this library card entitles my child to access to library materials. I assume responsibility for the library materials borrowed by my child.

This minor is allowed to access the internet on library computers: YES NO

Parent/Guardian's Name (Print):

Parent/Guardian's Signature:

Staff Use Only

Date:

Initials:

Barcode #:

Notes: