

MARSHALL PUBLIC LIBRARY CARD APPLICATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

If Marshall resident, do you live inside or outside City limits? **inside** **outside**

Primary Phone Number: (_____) _____ **please circle:** cell home work

Secondary Phone Number: (_____) _____ **please circle:** cell home work

Email address (please print): _____

Birthday: ____/____/____ **Library PIN** (choose at least 4-10 characters): _____

Please Circle One Answer for Each Question:

↪ How would you like to receive a warning when items are almost due? text email

↪ How would you like to receive an overdue notice? text email

↪ How would you like to receive notice that a reserved or requested book has arrived? call text email

↪ Would you like a list of items that you've checked out sent to your email? yes no

Got Kids? Please complete the following information for each child.

Child's Name	Birthday	Internet access?	STAFF USE ONLY	
			Type	Number
		yes no		

Parents/guardians are responsible for children's fines, overdue items, and replacement costs for lost/damaged items.

I am responsible for all materials borrowed on this card as well as materials borrowed on my children's card(s). I accept responsibility for all fines, charges for all lost or damaged materials, collection and attorney fees incurred on this card or on my children's card(s). I agree to abide by the policies of the Marshall Public Library and ensure my children do as well.

I understand my library card must be presented for Internet use and each loan. Replacement cards are \$1.00.

Signature

Date

MARSHALL PUBLIC LIBRARY STAFF USE ONLY

ID Provided: _____ Member Type: _____ Staff Initials: _____ Staff Initials: _____