

## LIBRARY CARD APPLICATION

To get a library card, bring this completed form and a photo ID with your current address to any library branch. Library cards are free for Maryland residents; Pennsylvania, Virginia, and West Virginia residents pay a \$25 annual fee.

By signing this form, you agree to follow library policies and accept responsibility for all items borrowed on your account, including fees for lost or damaged materials. Report lost or stolen cards immediately. Borrowing privileges are suspended if your balance exceeds \$6.

## APPLICANT INFORMATION

FIRST NAME	M	LAST NAME				DATE	OF BIRTH	
STREET ADDRESS							APARTMENT	
CITY				STATE	Z	IP CODE		
EMAIL								
			☐ CA	.LL	□т	EXT	☐ EMAIL	
PHONE					NOTIFIC	IOTIFICATIONS		
☐ I understand that using the my personal information		•	•		Libby,	require	s the release of	
☐ I agree to receive promot	tional mes	sages via my	selected no	tificatio	on met	hods (o	ptional).	
I certify that the information	provided is	accurate to	the best of m	ny kno	wledge	e.		
APPLICANT SIGNATURE						DATE	<u> </u>	
PARENT/GUARDIAN NAME						RELA	ATIONSHIP	
PARENT/GUARDIAN SIGNATUR	RE					DATE		