



Library Card Application

Applicant Information		
First Name	Middle Name	Last Name
Date of Birth (MM / DD / YYYY)		
Photo ID State of Issue _____ (eg. GA)	DL or ID #	
Contact Information		
Daytime Phone	Evening Phone	
Cell/Text Phone	Cell Phone Carrier	
E-Mail Address		
How do you want to be contacted for Hold notification (check all that apply)? <input type="checkbox"/> Phone <input type="checkbox"/> E-Mail <input type="checkbox"/> Text		
Address Information		
MAILING ADDRESS	Street or *P.O. Box	Do you live within city limits? YES NO
	City, State, Zip	
HOME ADDRESS	*Street (only if you listed a P.O. Box as mailing address)	County
	City, State, Zip	
Georgia Voter Registration		
Would you like to register to vote today? (please check one)		<input type="checkbox"/> Yes, I would like to register today. <input type="checkbox"/> No, I do not wish to register to vote. <input type="checkbox"/> No, I will take form home or register online. <input type="checkbox"/> No, I am already registered to vote. <input type="checkbox"/> No, I am not eligible to vote.
Cardholder Signature		
I agree to comply with all rules and regulations of West Georgia Regional Library and to give immediate notice of change of address or loss of library card. I accept financial responsibility for any fines or other charges imposed for late return or damage to library materials and equipment beyond normal wear and tear. I understand that under Georgia Code (O.C.G.A.) 20-5-53 failure to return items borrowed from a public library is a misdemeanor.		
Signature of applicant		Date
Minor Children		
As a parent or guardian of this minor, I do ____ or I do not ____ grant permission for Internet access on library computers.		
Print Parent/Guardian Name _____		
Signature of Parent/Guardian		Date

