PLEASE PRINT	St. Charles City-County Library District **LIBRARY CARD APPLICATION**

1. LAST NAME *:	**2. FIRST NAME *:**
3. IF UNDER AGE 16, PARENT/GUARDIAN NAME *:	
4. STREET ADDRESS *:	
5. CITY *:	**6. ZIP *:**
7. MAILING ADDRESS (IF DIFFERENT) *:	
8. HOME PHONE #:	**9. WORK PHONE #:**
10. BIRTH DATE *:	**11. EMAIL:**

12. I will be responsible for fines, damages, or loss of materials on this card and I will abide by library use policies. Unresolved accounts may be sent to a collection agency and a fee assessed. Accounts in arrears may be submitted to credit reporting agencies. Applicants under the age of 16 must have parent or guardian sign accepting responsibility.

SIGNATURE *:

**** Required fields***

The Library Card is the property of the Library District and must be surrendered upon request.

STAFF USE ONLY

A. CARD TYPE: ☐ New ☐ Replacement…Patron Record #:_____

B. IDENTIFICATION: ☐ Photo ID Presented ☐ Address Verified ☐ Other_____

C. BRANCH ISSUING: ☐ KL ☐ MK ☐ KR ☐ NC ☐ DR ☐ WH ☐ SP ☐ CP ☐ BT ☐ SC ☐ MY ☐ DE

D. PATRON TYPE:

- ☐ 1-Resident
- ☐ 2-Non-Resident; expires: _____
  (List on back names of family members living at same residence authorized to use card.)
- ☐ 4-Non-Resident Taxpayer; expires:_____
- ☐ 5-Company/Organization
- ☐ 6-Boarding Student; expires:_____
- ☐ 8-Temporary Card; expires:_____
- ☐ 16-Homebound; Name of assigned volunteer:_____
- ☐ 17-Branch/(No Fines) Organization
- ☐ 18-ILL Library
- ☐ 19-Staff
- ☐ 20-Outreach Organization
- ☐ Reciprocal Borrower-Home Library Name:_____
  Home Library Card # (optional):

E. BC LABEL:	**F. DATE ISSUED:**