LANSDALE PUBLIC LIBRARY CARD APPLICATION

Mr.
Mrs. _____
Ms. First Name Middle Initial Last Name

Street _____ Apt. # _____

4-Digit PIN: ☐☐☐☐

City _____ State _____ Zip Code _____ - _____

Municipality (Township or Borough) _____

_____ _____
Workplace or School Name Workplace or School Address

(___) _____ - _____ (___) _____ - _____ ext _____ (___) _____ - _____ _____/_____/_____
Home Telephone Work Telephone FAX Number Date of Birth

_____@_____ (___) _____ - _____
E-mail Address Cell Phone Number

The following information is for statistical purposes only. It helps the library analyze the effectiveness of services and apply for grants that will help the library improve services to you.

Ethnic Group	**Occupation**		**Last Grade Completed**
[ ] White	[ ] Professional	[ ] Homemaker	[ ] Elementary
[ ] Black	[ ] Manager/Admin.	[ ] Self-employed	[ ] High School
[ ] Native American	[ ] Sales	[ ] Retired	[ ] College
[ ] Asian/Pacific Islander	[ ] Clerical	[ ] School/College student	[ ] Post-Graduate
[ ] Hispanic		[ ] Other	[ ] Other
[ ] Other			

I hereby apply to use the library and promise to obey all its rules. I accept full responsibility for all materials checked out on this card and for all charges associated with its use. I agree to pay promptly all fines or damages charged to me, and to give prompt notice of any change in my address or loss/theft of my card. By signing this Application Form, I concede that I am entering into a contractual obligation with the Lansdale Public Library. I further understand that the Lansdale Public Library can use whatever legal remedies are applicable in seeking damages from me for payment of any lost or damaged materials, which I have checked out on my library card.

Patron Signature: _____

Children under the age of 18 must have the signature of a parent or guardian. As parent or guardian of the child named above, I give permission for him/her to borrow materials from the library. I agree to pay all fines and damages charged to his/her card, to be responsible for supervising his/her selection of materials and to make sure he/she obeys library rules.

Parent or Guardian's Barcode: ☐ ☐☐☐☐ ☐☐☐☐☐☐☐☐ ☐

Parent / Guardian Signature: _____

Please print parent or guardian's name:

For Office Use Only

Former Patron ID: _____ **Proof of Residence:** _____

Barcode: _____ **Patron Code:** _____

Staff Initials: **PIN:** ☐☐☐☐

Registration Taken by: _____ **Date:** _____/_____/_____

Data entered by: _____ **Date:** _____/_____/_____

If you would like to use the library's computers, read and sign the back of this form.