CALHOUN-GORDON COUNTY LIBRARY

a part of the *Northwest Georgia Regional Library System*

DATE:

NINE DIGIT IDENTIFICATION NUMBER:

*** You may use either your social security number, driver's license number, your birth date (two digit month, two digit day, and four digit year followed by the first letter of your first name), etc.**

_____

LAST NAME FIRST NAME MIDDLE INITIAL

_____

MAILING ADDRESS

_____

STREET ADDRESS IF DIFFERENT

_____

CITY STATE ZIPCODE

_____

TELEPHONE SEX YEAR OF BIRTH

LIVE IN (CHECK ONE): _____CITY /OR ____COUNTY?

IF STUDENT,

NAME OF SCHOOL: _____

IF EMPLOYED,

PLACE OF WORK: _____**WORK PHONE:**_____

***** YOU MUST LIST A LOCAL CONTACT WHO DOES NOT LIVE AT YOUR ADDRESS:**

_____

LAST NAME FIRST NAME PHONE

_____

ADDRESS CITY STATE ZIP CODE

SIGNATURE OF APPLICANT_____

I hereby apply for the right to use the library and promise to follow all the rules; to pay promptly fines or damages justly charged to me and to give immediate notice of change of address.

SIGNATURE OF PARENT OR GUARDIAN IF UNDER 18_____

I hereby grant permission for my child to have a library card, and I accept the responsibility for his/her choice and use of all materials borrowed on this card; to pay promptly fines or damages justly charged and to give immediate notice of change of address.

PLEASE BRING PROPER IDENTIFICATION WITH THIS FORM. IF YOUR PROPER IDENTIFICATION DOES NOT SHOW YOUR PRESENT ADDRESS PLEASE SHOW A COPY OF A BILL MAILED TO THAT ADDRESS.

LIBRARY USE ONLY

NEW BAR CODE	OLD BAR CODE	WEB PIN	SCAT/DEPT	STAFF INITIALS