Kaubisch Memorial Public Library Application for Library Card

First Name_____

Middle Name_____

Last Name_____

Create a 4 digit pin number ____ ____ ____ ____

Date of Birth_____

County_____ Township_____

How should we contact you?   Check one   ____Text   ____Email   ____Phone

Address_____

City_____, Ohio   Zip Code_____

E-mail_____ Phone_____

By signing, I agree to be responsible for all materials borrowed or used in the library and to obey all rules of the library including computer & internet policies.

Signature_____Date_____

By signing, I agree to be responsible for my child's use of library resources.

Guardian Printed Name_____

Guardian
Signature_____Date_____