

Mercer Public Library

Card Application Form

Your first card is on us, but replacement cards cost \$2. You **must** have your card to check out any library materials or to use library computers. Cards may be left on file at the library.

PLEASE PRINT ALL INFORMATION

Name: _____

Local Address: _____

Do you receive mail at this address? Yes No

Other Address: _____

Telephone: _____

Birthdate: _____

Email Address: _____

Yes! Use my email address to contact me regarding hold pickups and overdues.

Yes! Include me on the library's email newsletters.

WI Residents Only:

To what town do you pay local taxes? _____ County: _____

I accept responsibility for all materials borrowed on my card. I agree to follow all library rules and policies, and to give immediate notice of a change of address or lost card.

Signature: _____ Date: _____

If applicant is under age 14:

Parent/Guardian Name: _____ Signature: _____

Other members of the family **living at this address** who are applying for a card:

Name	Birthdate	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
