

M___ F___

LIBRARY CARD APPLICATION

Barcode 1 1985_____

WELCOME TO THE SENECA NATION LIBRARY-ALLEGANY BRANCH! Your name and proof of address are required for you to receive a library card. **IMPORTANT:** ALL OF THE INFORMATION YOU PROVIDE ON THIS FORM IS KEPT CONFIDENTIAL BY LAW.

Please Print

Last Name_____ First Name and Middle Initial _____
(Full legal name, please)

Mailing Address _____ City _____ State _____ Zip Code_____

Street Address_____

(If different from mailing address- **PO Box # is not a sufficient address**)

Permanent Address _____ City _____ State _____ Zip code_____

Home Phone _____ Birth Date ____-____-____ E-mail Address_____

Public School District where you live_____ Township or Village where you live_____

YOU DO NOT HAVE TO PROVIDE THE INFORMATION REQUESTED WITHIN THIS BOX. However, should your card be lost or stolen and someone attempts to make unauthorized use of it, this information will be very useful in helping the Library stop misuse of your card.

Social Security Number _____ **Your Mother's (or) Maiden Name** _____ **A personal password of (or) your choice** _____

I agree to abide by the rules and regulations of the SENECA NATION LIBRARY-ALLEGANY BRANCH and to be responsible for all fees and fines assessed for overdue library materials and lost or damaged items charged to this card. In the event this card is lost or stolen, I understand that I am responsible for charges pending until the date the Library is notified of the loss.

SIGNATURE _____ **DATE** _____