LIBRARY CARD APPLICATION



SOUTH CENTRAL LIBRARY SYSTEM

IDENTIFICATION REQUIRED:

- Photo I.D. (i.e. Driver's license, state I.D. card)

 Proof of Current Address (i.e. Driver's license, state I.D., recent mail, check book)

Name:Last	4	First				Middle
Birthdate: / Month Day			ge Group:	□ 0-17 □] 18-61	62+
Mailing Address:						
	Street, RR/Fire Number or P.O. Box	City or Vi	llage	State		Zip
County of Residence	ə:	Township:				
	: (Complete if different from n					
Street, RR/Fin	e Number or P.O. Box	City or Village	(if outside	State city/village limits)		Zip
Primary Phone*: (_)	Email Addre	ss:			
Secondary Phone: (_)					
would prefer to be r	notified of my holds by: \Box	Email	Phone*	☐ Text		
ibrary (or bookmob	ile stop) where I would pref	er to pick up my l	nolds:			-
				(Library)		
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