

Date: _____

Patron Card #: (Staff will fill in) _____

Address Change (Staff, See Back)



PAYSON CITY LIBRARY

Membership Application

Patron Information: (Please Print Clearly)

Non-Resident? (Staff Use)

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ City, State & Zip: _____

Main Phone: _____ Other Phone: _____

Date of Birth: ____/____/____ Age: _____ Driver's License # & State: _____

Email Address: _____

Dependent Child Information: (If more space is needed, fill out an additional form)

Please list below the children you are: (1) legally responsible for, (2) who live with you, (3) are 5 – 17 years old, and (4) you are agreeing to be responsible for them to have their own library card.

Child's First & Last Name:	Age: (5-17 Only)	Date of Birth:	Card #: (Staff will fill in)
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

Alternate Contact: (You may add your spouse here, but if they would like a library card they must come into the library and fill out their own application.)

Last Name: _____ First Name: _____

Address: _____ City, State & Zip: _____

Main Phone: _____ Relationship: _____

Fill out the other side of this application if you wish to use the Library Computers and/or Internet, including Wi-Fi.

I Hereby Agree to Obey All the Rules and Regulations of the Payson City Library.

- I agree to return library materials when they are due and in good condition.
- I agree to be responsible for all items checked out on my card and my children's cards.
- I understand late fines will be charged on library materials not returned when due.
- I understand that replacement costs will be charged for damaged and ruined books.
- I agree to pay replacement costs for any lost materials on my card or my children's cards. This also applies to lost cards.
- Unpaid fines and replacement costs will be submitted for collection to a collection agency. I agree to pay all fines, replacement costs, interest charges, reasonable attorney's fees, and other legal costs.
- I agree to report any changes of address or phone numbers to the library.
- I agree to notify the library when my children turn 18 years of age so library records may be updated.
- I understand that my children and I need to bring our library cards with us each time we come to the library and that we will not be allowed to checkout items without our library cards or a picture ID.
- I agree to obey all future rules and regulations changes, including changes to library policy, which can be changed without notice.
- I have read the above and agree that my children and I will abide by all the rules of the library.**

✕ _____ Date: _____
Signature of Patron/Parent

Librarian Accepting Application: _____ Date: _____ ID Checked?

OPAC Login Created?