



WELCOME!

We will be asking you for photo ID with your legal name on it, such as a driver's license, and proof of residential address.

Legal name _____
(first) (middle) (last)

Please use my preferred name _____

In which county do you live? Clark Cowlitz Klickitat Skamania Other _____

Birth date (for identification purposes) _____
(month) (day) (year)

Mailing address _____
(number and street or PO box) (apartment #)

(city) (state) (zip)

Residence (if different) _____
(number and street) (apartment #)

(city) (state) (zip)

Contact phone (please include area code) _____

Contact email

(Email is the best way to manage your account. We never sell or share your contact information.)

Your library account requires a PIN. Your default PIN is the last four digits of your phone number.

Optional: Choose a different four-digit PIN

Statement of Responsibility:

- I accept responsibility for all items checked out on this card.
- I agree to promptly pay all fees for materials returned late, lost or damaged.
- I agree to follow all library rules and policies.
- I will notify the library of any changes to my contact information.
- I will notify the library if my card is lost or stolen.
- I understand that I will need to have the minor or their library card to access their library account.

Signature _____

Parent/guardian signature _____

Printed parent/guardian name _____

STAFF USE ONLY

7-2020

Checked ID Barcode _____ Checked for duplicates _____ Proof of address _____ Verified jurisdiction _____
Staff initials _____ Date entered _____