



JUSTIN
— 1887 —

Justin Community Library
Youth Library
Card Application

(Please print clearly, use black ink)

<input checked="" type="checkbox"/> Staff Only:	<input type="checkbox"/>											
2	0	4	6	6	0	0						
Date Received : _____												
Date Completed: _____												
Initials: _____												

Minor's Last Name _____ First Name _____ Middle Name _____

Mailing Address _____ City _____ State _____ Zip Code _____

/ /

Minor's DOB _____ Home Phone _____ Cell Phone _____

Parent/Guardian Last Name _____ First Name _____ Middle Name _____

Parent /Guardian Driver's License # _____ Issuing State _____

I want to receive library notices via: Email Phone Both

Email Address _____

_____ I have read understood and will comply with the Library Policies, Computer Usage Rules and any additional directives given to me by the library staff. I understand that I am financially responsible for anything borrowed and not returned in good condition to the library by my child. I also understand that I may be prosecuted for failing to pay for damaged and lost items up to a fine of \$500.

Parent/Guardian Signature _____

INFORMATION BELOW THIS LINE IS FOR STAFF USE

Printed Name: _____ Verified DL or ID: _____

DOB: _____ / _____ / _____ Library Card: _____

Current Address Match DL or ID YES NO Verified by: _____

Old Address: _____

Library Director: _____