

# SWLS Library Card Application

First Name \_\_\_\_\_ (MI) \_\_\_ Last Name \_\_\_\_\_

Preferred First Name (if different than above) \_\_\_\_\_

Street Address \_\_\_\_\_

PO Box/Add. 2 \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Check One:  Township  Village  City

Of \_\_\_\_\_

Email Address \_\_\_\_\_

Primary Phone Number \_\_\_\_\_

Cell Phone \_\_\_\_\_ Carrier \_\_\_\_\_

Alternate Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Parent/Guardian (if under 16) \_\_\_\_\_

Alternate Guardian \_\_\_\_\_

Drivers License/Proof of Residency (guardian must provide for applicants under age 16) \_\_\_\_\_

**Signature of the applicant or juvenile applicant's Parent/Legal Guardian verifies their acceptance of library policies, including the Internet Use Policy, of financial responsibility for all use made of the library card issued to this applicant, and that the information herein is correct.**

\_\_\_\_\_  
Signature of applicant/ Legal Guardian

