

BARCODE STICKER

Cardholder's Name

First name *M.I.* *Last name*

Address 1 _____

PO Box Address _____

City/State _____ Zip _____

Address 2 _____ State _____ Zip _____

My residence is located in _____ **COUNTY**
and in (check one) _____ **T**ownship _____ **C**ity _____ **V**illage
Name of **T**wp, **C**ity, **OR** **V**lg _____

Email _____@_____

Primary Phone (____) _____ Alternate Phone (____) _____

Date of Birth _____

Parent/Guardian Name *[print]* _____

Valid Driver's License or State ID required for all applicants (Parent/Guardian must provide a Driver's License or State ID # for unlicensed applicants under age 16.)

State _____ DL# or other valid ID _____

Language _____ English _____ Spanish Other _____

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/Parent/Legal Guardian)

Submit this application form to your local SWLS Member Library for processing.

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