

Application for Community Library Card

(Ages 16 and Up)

Checkout Privileges: Community users may check out up to 10 books from the Library's general collection for 28 days. Borrowers assume all responsibility for library items in their possession and will be subject to charges for any lost and/or damaged items.

Please print clearly and provide all information requested.			
Last Name		First Name	
Middle Name/Initial		Date of Birth (MM/DD/YYYY)	
Street Address			
Apt. #	City	State	Zip
Home Phone		Cell Phone	
Mailing address (if different from above)			
E-mail Address			
School name (High School Students Only)			
Please read this section carefully and sign below to indicate your agreement.			
By submitting this application, I declare that all information provided is accurate.			
I agree to accept responsibility for all use of the card and all materials checked out on the card.			
I understand that failure to return library property may result in loss of privileges.			
I understand that the use of my library card is non-transferrable and in the event the card is lost or stolen I will notify the library immediately.			
Applicant's Signature			Date

Ark. Code Ann. §§ 13-2-701 to -704 prohibits the disclosure of library records—including but not limited to personally identifying information, materials used, reference queries, or other information—to anyone except the registered patron. (See 13-2-704 for limited, prescribed exceptions.)

(For Official Use Only, edited 10/14/19)

Staff Initials _____

Assigned Library Card # _____