

# MADISON COUNTY RESIDENT (ADULTRES OR YTHRES)

## Madison County Library System - Library Card Application

Applications must be completely filled out and presented to staff with acceptable proof of name and address in order to obtain a borrower's card. The library reserves the right to refuse to issue a card if insufficient information is given, or if money is owed on a previous card not cleared. All cards must be renewed every year.

**Note: BORROWER CARDS ARE NOT TRANSFERABLE**

### ADULT CARD - AGE 18 AND OVER:

Full Name (Please print) \_\_\_\_\_  
(Last) (First) (Middle)

Mailing Address \_\_\_\_\_  
(Street) (Apt. No.) (City) (Zip) (County of Residence)

Permanent address (If different from above) \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_ Date of Birth \_\_\_\_\_

The pin assigned to your card will be your entire LAST NAME in all lower case.

I agree to obey the policies, rules, and regulations of the Madison County Library System and to notify the library when any information I have given is changed. I will be responsible for all charges incurred for any lost or damaged materials. In the event my card is lost or stolen, I understand that I am responsible for charges on it until the library is notified of its theft or loss.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Revised 6/2024

### YOUTH CARD - AGE 17 AND UNDER: (PARENT OR LEGAL GUARDIAN MUST BE PRESENT TO SIGN)

Full Name (Please print) \_\_\_\_\_  
(Last) (First) (Middle)

Mailing Address \_\_\_\_\_  
(Street) (Apt. No.) (City) (Zip) (County of Residence)

Permanent address (If different from above) \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_ Date of Birth \_\_\_\_\_

The pin assigned to your card will be your entire LAST NAME in all lower case.

*Any applicant under 18 years of age, the parent or guardian must sign below. Parent/Guardian must sign form at library.*

I am willing for my child to receive a library card from the Madison County Library System. I understand that as parent/guardian, I take full responsibility for any and all charges due to damaged or lost materials incurred through the use of this card. I also understand that my child will have open access to all online services and I take full parental responsibility for their use of all library materials and resources.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Revised 6/2024

LIBRARY STAFF: \_\_\_\_\_ ADULTRES

\_\_\_\_\_ YTHRES

STAFF INITIALS: \_\_\_\_\_

HEAD OF CIRC CHECK: \_\_\_\_\_