

## Borrower's Card Application for Age 13 and Older

Applicant, please read *Your Mobile Public Library Card*, and then complete this application. To establish your library account and receive your borrower's card, please present the application at the checkout desk, along with positive identification such as your driver's license or learner's permit. Your identification must validate your current permanent address.

Mr.  Mrs.  Ms  Miss  Other Title: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
(optional)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Please mark to indicate the location of your permanent address:

- |  |  |   |   |   |
|--|--|---|---|---|
| <input type="checkbox"/> Mobile (city) | <input type="checkbox"/> Mobile Co. (unincorporated areas) | <input type="checkbox"/> Baldwin Co.    | <input type="checkbox"/> Bayou La Batre     | <input type="checkbox"/> Chickasaw      |
| <input type="checkbox"/> Citronelle    | <input type="checkbox"/> Clarke Co.                        | <input type="checkbox"/> Conecuh Co.    | <input type="checkbox"/> Creola             | <input type="checkbox"/> Dauphin Island |
| <input type="checkbox"/> Escambia Co.  | <input type="checkbox"/> Monroe Co.                        | <input type="checkbox"/> Mount Vernon   | <input type="checkbox"/> Prichard           | <input type="checkbox"/> Satsuma        |
| <input type="checkbox"/> Saraland      | <input type="checkbox"/> Semmes                            | <input type="checkbox"/> Washington Co. | <input type="checkbox"/> Any other location |   |

Gender:  male  female  other Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ ex: MM/DD/YYYY

Parent or guardian's name  
if you are under age 18: \_\_\_\_\_

First name Middle initial Last name

Addresses:

1. Email address for Library Notices: \_\_\_\_\_

2. Mailing address for Library notices – Permanent residence street address, post office box address or local residence street address (for a student or shipboard resident):

Street Address and Apt. or Lot No., or  
P. O. Box: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

3. Permanent residence street address, if different from above:

Street Address and Apt. or Lot No.: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Please mark choices:

I prefer to be notified by (*select one*):  Text  Email  Phone  Mail

I wish to submit a voter registration application (register to vote or update my voter registration information).

I would like information about the Friends of the Library.

**Please read and sign the following agreement:**

I have received and reviewed information about borrowing privileges. I will abide by Library rules related to borrowing privileges and responsibilities. I understand that borrower cards are not transferable, and I will present my card each time I check out materials. I will promptly notify the Library of a change of address or loss of the card.

Date: \_\_\_\_\_ Your Signature: \_\_\_\_\_

Library Use: 40181