

# Calhoun County Public Library System Library Card Application

Date \_\_\_\_\_ Patron # \_\_\_\_\_

## PERSONAL INFORMATION (Please Print)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Adult (18+) TX DL/ID \_\_\_\_\_  
 Teen (15 - 17) Date of Birth: \_\_\_\_\_ If Minor, Parent's DL# \_\_\_\_\_  
 Child (5 - 14) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Parent's Card # \_\_\_\_\_

## ADDRESSES INFORMATION (Please Print)

Primary Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Additional Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

## PREFERRED LOCATION (Circle One)

Port Lavaca      Point Comfort      Seadrift      Port O'Connor

## CONTACT INFORMATION (Please Print)

Check Preference  
 ( ) \_\_\_\_\_  ( ) \_\_\_\_\_  ( ) \_\_\_\_\_  
Home                                      Work                                      Other  
 ( ) \_\_\_\_\_  
Cell                                      Company (Sprint, T-Mobile)

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

## INTERNET USAGE

I hereby certify that I have received a copy of the Internet Guidelines & Procedure and understand by signing I will be required to comply. If minor, parent will be held responsible for compliance.

\_\_\_\_\_  
Applicant Signature or Parent Signature if Applicant is under age of 18

## OTHER SERVICES OFFERED (Circle One)

**Overdue Item Notification:**                      **Reserved Item Notification:**                      **Due Date Warning:**  
Call / Email / Text                                      Call / Email / Text                                      Email / Text

## REFERENCE INFORMATION (Please Print)

\_\_\_\_\_  
(Friend, Neighbor, Relative NOT in the same household)                      Phone \_\_\_\_\_

## ACKNOWLEDGEMENT

I hereby certify that the information on this application is accurate and complete. I will abide by CCPL rules; I will pay fines or damages charged to me, and give prompt notice of any changes to address, phone, email, etc.

\_\_\_\_\_  
Applicant Signature or Parent Signature if Applicant is under age of 18

# Calhoun County Public Library System Internet Library Card Application

Date \_\_\_\_\_ Patron # \_\_\_\_\_

## PERSONAL INFORMATION (Please Print)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Circle One Other  
DL / ID \_\_\_\_\_ # \_\_\_\_\_ Type: \_\_\_\_\_ # \_\_\_\_\_  
State

## ADDRESSES INFORMATION (Please Print)

Primary Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_ City/State/Zip \_\_\_\_\_

## PREFERRED LOCATION (Circle One)

Port Lavaca Point Comfort Seadrift Port O'Connor

## CONTACT INFORMATION (Please Print)

Check Preference

( ) \_\_\_\_\_  ( ) \_\_\_\_\_  ( ) \_\_\_\_\_  
Home Work Other  
 ( ) \_\_\_\_\_  
Cell Company (Sprint, T-Mobile)

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

## INTERNET USAGE

I hereby certify that I have received a copy of the Internet Guidelines & Procedure and understand by signing I will be required to comply. If minor, parent will be held responsible for compliance.

\_\_\_\_\_  
Applicant Signature or Parent Signature if Applicant is under age of 18

## ACKNOWLEDGEMENT

I hereby certify that the information on this application is accurate and complete. I will abide by CCPL rules; I will pay fines or damages charged to me, and give prompt notice of any changes to address, phone, email, etc.

\_\_\_\_\_  
Applicant Signature or Parent Signature if Applicant is under age of 18