



SARATOGA SPRINGS PUBLIC LIBRARY

YOUR SOURCE FOR INFORMATION, INSPIRATION, AND ENTERTAINMENT

YOUR LIBRARY CARD APPLICATION

Please print, complete all information.

Youth in fifth grade or under must be accompanied by a parent or guardian.

Driver's License Number: _____ State: _____

Name: _____
First MI Last Suffix

Date of Birth: ____/____/____
MM DD YYYY

Address: _____
Street Apartment/Lot

City State Zip Code

Phone: _____ E-mail Address: _____

Name of parent or legal guardian for youth in fifth grade and under:

Name: _____

Mailing Address (if different):

Street/PO Box Apartment/Lot

City State Zip Code

Please Read Carefully:

I (we—parent and child) agree to observe all rules established by the library and will be responsible for all materials borrowed on my card. I also agree to pay fines or other charges imposed for late returns, losses, or mutilation of library materials. I will notify the library if my card is lost or if I change my name, address, phone number, or e-mail address.

 Signature of borrower

 Signature of parent/guardian of youth in fifth grade or under

Please Select Your Notification Preferences:

- E-mail
- E-mail and Text Message Alerts*, cell phone number: _____ Provider: _____
- Mail

* Charges from your text message provider may apply, check with your carrier.

Would you like to receive e-receipts instead of paper receipts? Yes No

Would you like to receive e-newsletters relating to library programs? Yes No

Staff Use:

Address verified? Yes No Date: _____ Initials: _____

Barcode # 10002 _____ SSCSD Resident? Yes No (revised 10/19/2018)