



# 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

Gender:  Male  Female 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)