

Tom Burnett Memorial Library Patron Card Application

Date: _____

Personal Information

Library Card Number	(To be completed by staff)
First name	
Middle name	
Last name	
Gender	
Home Street address	
City, State, Zip	
Home phone	
Cellular phone	
Text reminders? List cellular carrier	
Other phone	
Email address	
Birthday (MM/DD/YYYY)	
Driver's license/photo ID	(Required for any adult application)
<i>Complete the following only if applying for dependent cards. Persons 17 and up must complete a seperate application</i>	
1. Dependent Name & Date of Birth	
2. Dependent Name & Date of Birth	
3. Dependent Name & Date of Birth	
4. Dependent Name & Date of Birth	
5. Dependent Name & Date of Birth	

I hereby acknowledge that I and my family members are residents of the city of Iowa Park and/or the unincorporated area of Wichita County, that I/we agree to obey all the rules and regulations of the Tom Burnett Memorial Library, that I/we will pay promptly all fines charged against me/us for the damage or loss of library property and to give the library immediate notice of any change of address or phone number.

Signature of Adult/Guardian: _____ **Date:** _____

***Persons under the age of seventeen(17) must have a parent or guardian sign this application.**

FOR LIBRARY USE ONLY:

Applicant Library Card #		Dependent 3 Library Card #	
Dependent 1 Library Card #		Dependent 4 Library Card #	
Dependent 2 Library Card #		Dependent 5 Library Card #	