

APPLICATION FOR LIBRARY CARD

KINGSTON PUBLIC LIBRARY

(please print clearly)

DATE: _____ LIBRARY CARD # _____

NAME: _____

ADDRESS: _____

City, State, ZIP: _____

PHONE NO: _____ () Cell Phone # or () Land line #

E-MAIL ADDRESS: _____

***** If under 17 years old, applicant's Parent/Guardian must approve the child's use of the Public Library, including access to the library computers for Internet Use. The parent/Guardian is responsible for loss or damage to all library materials and/or any late charges incurred by the child. Thank you.**

_____ has permission to access the Internet: () yes () no

Parent/Guardian's signature: _____ Date: _____

Please Print your name also: _____

I, _____ AGREE TO OBEY ALL THE RULES AND REGULATIONS OF THE KINGSTON PUBLIC LIBRARY, **TO PAY PROMPTLY ALL FINES CHARGED AGAINST ME FOR ALL LATE ITEMS, INJURY, DAMAGE, LOSS OF BOOKS AND/OR OTHER LIBRARY MATERIALS**, AND TO GIVE IMMEDIATE NOTICE OF ANY **CHANGE OF ADDRESS OR PHONE NUMBER.**

SIGNED: _____

LIBRARY USE ONLY BELOW:

Approved by: _____ Date: _____ Card Mailed date: _____

Library Card given date: _____ Issued by: _____