

CHRISTIAN COUNTY LIBRARY CARD APPLICATION

County of Residence Birth Date Barcode #27921000 _ _ _ _ _
(Library Use)

Last Name First Name Middle Name

Mailing Address City, State, ZIP

Street Address – if different City, State, ZIP

Phone Security Word (We use this if you forget your library card and I.D.)

Security Word Hint (To help you remember your security word.) **OVER ▶**

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Email: _____

I understand that by providing my email address I am agreeing to be notified via email about holds and overdue items, and that I may receive periodic updates about library news, events, and services.

I agree to be responsible for: my selection of library materials, care of materials in my possession, and return of borrowed items by due date. I also agree to be responsible for fines, fees, or charges for damage to, loss of, or late return of materials borrowed on my card. I will promptly notify the library if I lose my library card or change my address. If cardholder is under age 18, I as parent/guardian agree to above conditions.

Signature of cardholder OR guardian Date

Printed Name of Guardian Relation to Child