



Library Card Application Argyle Free Library



Required information:

Name: _____ Date of birth: _____

*If under age, name of parent/legal guardian: _____

Address (no PO boxes): _____

City: _____ State: _____ Zip: _____

Preferred notification option: Email Text Call

Phone: _____ Mobile Carrier (Verizon, Spectrum, etc.): _____

Email: _____

Driver's license number or other form of ID: _____ If you're asking for a replacement card, put your old card number here: _____

I agree to abide by the policies of Argyle Free Library

Signed: _____ Date: _____

*If patron is under 14, parent must fill out this section:

I understand that it is my responsibility, and not the library's, to regulate what my child checks out.

Signed: _____ Date: _____

Cards may be issued to persons who do not have a permanent address. Their temporary local address should be listed below.

Address: _____

Anticipated length of stay: _____

Library staff signature: _____ Date: _____