

Institution Library Card Application

Name of Institution _____

Address _____

City _____

State _____ Zip _____

Phone # _____

Name of Responsible Party _____

Name (s) of library card authorized users: _____

I will be responsible for the materials and fees charged to this card. I will give notice of any change of address or change in authorized users.

This card will expire every year and needs to be updated by responsible party.

Signature _____

Date _____

Staff Use Only

Bar code _____ ID _____