



# JEFFERSON COUNTY LIBRARY CARD APPLICATION FORM

Are you a Jefferson County Resident?       Yes     No

Full Name

Date of Birth

Guardian's name if you are under the age of 18

Address

Mailing Address (If different from physical address)

Home Phone

Cell Phone

Email

PIN (If you leave it blank, your PIN will be the last 4 digits of your phone number)

How would you like to receive your notifications?       Email     TXT     Phone Calls

By accepting a library card you agree to follow the rules of the Jefferson County Library District and to pay all costs and/or service charges for materials lost or damaged. I understand that failure to follow library rules may result in suspension of my library privilege and/or referral to a collection agency. If I am referred to a collection agency I will be charged an additional recovery fee.

Agree

Disagree