

Today's Date: _____



Information About Applicant

Name:

First Name

Initial

Last Name

Address:

_____ Street – If resident lives in Glenwood Landing, also indicate Post Office Box number

_____, NY
Town Zip Code

Telephone:

() _____ () _____
Weekdays Evenings & Weekends

E-mail Address:

Date of Birth:

Is Applicant under 18? *Yes / No* **School:** _____ **Grade:** _____

Statement of Responsibility

I accept responsibility for all use made of the library card issued as a result of this application. I understand that the card must be presented each time materials are borrowed. I agree to pay any fines and fees incurred for damaged or lost items borrowed with my card. I will report the loss of my library card immediately. I understand there will be a fee for a replacement card. I will promptly notify the Library District of any change in my address or name. I agree to comply with the rules and regulations of the member libraries of the Nassau Library System. I understand my borrowing privileges and/or my card may be revoked if I fail to do so.

χ _____ χ _____
Signature of Applicant Signature of Parent/Guardian

To Be Completed by Staff

Proof of Identity & Residency: Check Name and Address on documentation shown

- ___ Driver License or Non-Driver NY State ID
- ___ Property Tax Bill ___ Current Bank Statement ___ Current Utility Bill
- ___ Lease, Rental Agreement, Mortgage ___ Other (specify): _____

Barcode Number: 2 7 0 7 0 _____

Expiration Date: / / **PIN:** _____ **Processed By:** _____

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