

CULLMAN COUNTY PUBLIC LIBRARY SYSTEM

I hereby apply for membership in the Cullman County Public Library System and for use of its collection and services. I understand that I am responsible for any and all materials borrowed from any Cullman County Library with the membership card, that I am responsible for fines should these materials become overdue, lost or stolen. I understand that I am responsible for reporting to any Cullman County Library any changes of contact information within three weeks. I also understand that if my membership card is lost or stolen, I must report that loss or theft to any Cullman County Library immediately. I understand that my failure to do so may result in my being responsible for materials checked out on the card prior to its being reported lost or stolen. I understand that if my membership card is lost or stolen, I am responsible for paying a \$3.00 replacement card fee. By signing below I understand these responsibilities.

RESPONSIBLE PARTY OR ADULT APPLICANT INFORMATION

Name/Last _____ First _____

Middle _____

Home Address _____

City _____ State ____ Zip _____ Email _____

Mailing Address if different _____

Phone/Home _____ Work _____

Cell _____ Cell Phone Carrier _____

DOB _____ Drivers License Number _____ State _____ Exp. Date _____

STUDENT APPLICANT INFORMATION

For persons age 15 and under

Name/Last _____ First _____

Middle _____

Home Address _____

City _____ State ____ Zip _____ DOB _____

Adult signature _____ Date _____

STAFF USE ONLY

Card Number Assigned 22134000 _____ Date _____

Staff Initials _____ Branch _____