

St. Mary's County Library

Library Card Application

Please print.

Last Name Jr. /Sr.

First Name Middle Name

E-mail address for quicker notification of requests & overdues.

Street Address or P. O. Box

City State Zip

Contact Phone Work Phone

Date of Birth

Your PIN will be the last 4 digits of phone # unless requested otherwise.

My signature indicates my agreement with the following:

- I will follow all library rules and regulations.
- I accept responsibility for all fines incurred for overdue, lost or damaged materials borrowed on this card.
- I understand I must sign for children under the age of 16 and will be held responsible for all fines incurred on their card.
- I understand that it is my responsibility to supervise my children's use of the library.

Signature of applicant _____
Parent/legal guardian if applicant is under 16.

Library Card # _____

Staff: _____ Date: _____