

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

Street Address or P. O. Box

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Date of Birth

My signature indicates my agreement with the following:

- I will follow all library rules and regulations and I am aware of the library policy regarding use of materials and services.
- 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 _____

| |
|--------------------------|
| Library Card # _____ |
| Staff: _____ Date: _____ |