

St. Mary's County Library

Library Card Application

Please print.

Last name

Jr. /Sr.

First name

Middle name

E-mail address for notification of requests & overdues, and communication from the library. Ask about text notification.

Street address or P.O. Box

City

State

Zip

Contact phone

Work phone

Date of birth

Your Password is 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.

Printed name of parent/guardian _____

Library card: _____

Staff: _____

Date: _____