

Applying for a Library Card

Age requirements?

We encourage parents to wait until a child is of kindergarten age before applying for a library card. Since having a library card is both a privilege and a responsibility, we feel that a child should be aware of library etiquette before having his/her own card. All children under the age of 18 must be accompanied by a legal guardian when applying for a library card.

Parental Responsibility

Anyone under age 18 must have the signature of a parent or guardian on file with his/her library card application. This adult is ultimately responsible for any fines or charges that accrue on the child's account. We therefore encourage parents to discuss the responsibilities involved with library card use with their children before allowing a child to have his/her own library card.

Identification/Proof of Address

Adults are asked to provide picture identification and proof of address with their own application as well as with those of their children.

Moved? Name change?

Please be aware that you need not apply for a new card if you already have a card from another Mid-York Library. You also need not reapply due to a name change. Just provide your updated information, and our staff will make the changes in the system database.

Can't find your library card?

If you've lost your card all together, you may purchase a replacement card for \$1.00. You should inform the library about lost library cards to prevent others from borrowing materials on your account. Think of your library card as a credit card-- don't underestimate the value of books!

CANASTOTA PUBLIC LIBRARY
Application for Library Card - Adult

A library card confers privileges and carries responsibilities. Your application indicates that you want the privileges and accept the responsibilities. The card is your identification and is not transferable. Please complete this form and provide **CURRENT IDENTIFICATION**, such as a **DRIVER'S LICENSE** or other **PROOF OF CURRENT LOCAL ADDRESS**. Library records which contain names or other details about library users are confidential under NYS law.

PLEASE PRINT NAME

male or female: _____

last name: _____, first name: _____ MI: _____
 (include jr or sr if used) (full middle name if used)

title: _____
 (Mr, Mrs, Miss, Ms or other honorific)

previous name or alias: _____

previous address: _____
 (if less than 5 years at current address)

MAILING ADDRESS (1)

Care of (if more information is needed for delivery of mail): _____

street: _____

city/state: _____ zip code: _____

home phone: _____ other phone (cell, second home phone): _____

(3) employer: _____ work phone: _____

OTHER ADDRESS (2) (If student, from out of town, snowbird, vacation home, or street vs. PO box, etc.)

street: _____

city/state: _____ zip code: _____

home phone: _____ other phone (cell, second home phone): _____

use for (specify season, months or other time period): _____

DEMOGRAPHICS - Please help us know you better

Language (primary reading): _____

Birth date: _____ / _____ / _____
 (month) (day) (year)

Driver's License No. _____

email address: _____

PLEASE READ CAREFULLY AND SIGN:

I agree to observe all library rules and policies, including, but not limited to, it's Rules of Conduct and Internet Access Policy, and will be responsible for all materials borrowed on my card. I also agree to pay fines or other charges imposed for late return, loss or mutilation of library materials. I will notify the library if my card is lost, or if I change my name or address.

Signature: _____ Date: _____

TO BE COMPLETED BY STAFF:

CARD NUMBER: _____

Basic	Privilege	Demographic	Type of registration:
library: _____	PIN: _____	Tax Code: _____	___ new
profile name: _____	change to the last 4 digits of primary mailing address home phone; inform customer.	County: _____	___ re-registration
		Qualifier: _____	___ change name/address
			___ worn, lost, stolen card
			___ other: _____

Library: _____ Staff: _____ Date: _____

CANASTOTA PUBLIC LIBRARY
Application for Library Card - Youth

A library card confers privileges and carries responsibilities. Your application shows that you want the privileges and accept the responsibilities. **Responsibility for any supervision of your reading and your use of all the Library's resources in any format, including Internet access, belongs to your parent(s) or legal guardian(s).** The card is your identification and is not transferable. Library records which contain names or other details about library users are confidential under NYS law.

**PLEASE PRINT
NAME**

Last name: _____, First name: _____ MI: _____
(include jr or sr, if used) (full middle name, if used)

MAILING ADDRESS (1)

Care of (the adult you live with): _____
street: _____
city/state: _____ zip code: _____
home phone: _____ other phone (cell, second home phone): _____
e-mail (optional): _____
school: _____ Birth date: _____ / _____ / _____
(month) (day) (year)

PARENT/GUARDIAN NAME AND/OR ADDRESS (3) (if different than the above care of and address):

last name: _____, first name: _____ MI: _____
(include jr or sr, if used) (full middle name, if used)
street: _____
city/state: _____ zip code: _____
home phone: _____ other phone (cell, second home phone): _____
use for (specify season, months or other time period): _____

PLEASE READ CAREFULLY AND SIGN (Parent/Legal Guardian please read both paragraphs)

I agree to observe all rules established by the library, including, but not limited to, its Rules of Conduct and Internet Access Policy. I will be responsible for all materials borrowed on my card. I agree to pay fines or other charges imposed for late return, loss or mutilation of library materials. I will notify the library if my card is lost, or if I change my name or address.

Youth Applicant's Signature _____

As parent or legal guardian, I understand that responsibility for supervision of my child's selection of materials and use of all the library's resources in any format, including the Internet, belongs to me, not to the library staff.

Parent's or Legal Guardian's Signature _____

TO BE COMPLETED BY STAFF: CARD NUMBER: _____

Basic library: _____ profile name: _____	Privilege PIN: _____ change to the last 4 digits of primary mailing address home phone; inform customer.	Demographic Tax Code: _____ County: _____ Qualifier: _____	Type of registration: ____ new ____ re-registration ____ change name/address ____ worn, lost, stolen card ____ other: _____
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Library: _____ Staff: _____ Date: _____