

Office Use Only:

Verified Proof of Residence

Registered

APPLICATION FOR LIBRARY CARD & COMPUTER / INTERNET USE

Yates Community Library 15 N. Main St. Lyndonville, NY 14098 (585)765-9041

Please Print Clearly

Date of Birth: _____

Name: _____
Last First M.I.

Address (include P.O. Box): _____

City: _____ **State:** _____ **ZIP Code:** _____

Home Phone: _____ **Work / Cell Phone:** _____

School District of Residence: _____ **Email:** _____

Would you prefer us to notify you via **home/ work /cell phone** or **email**?

Guardian (if applicant is under 18): _____

Gender (circle one): Male Female **Age Range:** 0-12 13-59 60+

IMPORTANT NOTICE: I agree to observe all rules established by the Library, 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, address, or telephone number. I understand a \$ 1.00 fee will be assessed for a lost library card, and that I must have my card in my possession in order to borrow Library materials.

Date: _____ **Signature:** _____

COMPUTERS & INTERNET USE: I have read the rules for using the computers and the Internet at Yates Community Library, and agree to follow them. I understand that if my actions while using the computer are inconsistent with these rules, I will lose these privileges at Yates Community Library.

Parent or legal guardian must approve of use & sign below for those under the age of 18.