



Pickaway County District Public Library

1160 N. Court Street, Circleville, OH 43113; 740-477-1644

51 Long Street, Ashville, OH 43103; 740-983-8856

www.pickawaylib.org

Library Card Application

The library requires proof of identification and this application needs to be signed in front of library staff.

APPLICANT INFORMATION

Today's Date: _____ Juvenile 0-12 Young Adult 13-17 Adult 18-59 Senior 60+

PLEASE PRINT ALL INFORMATION

(CIRCLE ONE)

Name: _____ 4-Digit PIN # _____
Last, First, Middle Initial (for online catalog access)

Phone #: _____ Home Work Cell Other
Area Code - Number (CIRCLE ONE)

Alternate Phone #: _____ Home Work Cell Other
Area Code - Number (CIRCLE ONE)

Address: _____
Street, Apartment # or Lot # PO Box

City, State, Zip: _____

County: _____ Township: _____ Gender: Male or Female (Circle one)

Birth Date: _____ Driver's License #: _____
(OPTIONAL)

E-Mail Address: _____

Please send OVERDUE and HOLD notices by: E-MAIL MAIL PHONE (Please circle one)

I would like to receive e-mails about library-related programs: YES NO (Please circle one)

GUARDIAN INFORMATION

Parent or Guardian Name: _____

Alternate Address: _____
Street, Apartment # or Lot # PO Box

City, State, Zip: _____

VIDEO INFORMATION (Must be 18 to check out videos.)

Are you interested in checking out videos? (Free!) YES NO

SIGNATURES (Please sign in front of library staff.)

I certify that the above information is correct. I agree to be responsible for all library materials checked out.

Youth Signature (under age 18): _____

Parent or Guardian Must Also Sign

Adult Signature: _____

FOR OFFICE USE ONLY:

Revised 2/2007

Outreach Patron: YES NO	BType: BarCode:
Name of Stop:	ID #: Location: Staff Initials: