GLEN COVE PUBLIC LIBRARY
APPLICATION FOR LIBRARY CARD

Date: _____ [PLEASE PRINT]

Name: _____
(last) (first) (middle initial)

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

E-Mail Address (for notifications related to your account): _____

Would you like to receive emails about library news and events? Y / N ___Adults ___Teens ___Children

Have you ever had a library card anywhere in Nassau County? Y / N If so, where? _____

PIN # _ _ _ _

Borrower Responsibilities:

I understand that by applying for the right to use the library, I agree to comply with its rules, to pay all fines for overdue, lost or damaged materials charged on my card, and to report promptly the loss or theft of the card or a change of address.

Applicant's Signature: _____

_____

Complete for Children under the age of 18:

Child's Date of Birth _____ / _____ / _____

Parent/Guardian Name: (please print)_____

Parent/Guardian Responsibilities:

I give permission for the minor listed on this application to receive library privileges. I agree to be responsible for all materials selected and borrowed by the minor with this card and for all fines for overdue, lost or damaged materials charged on this card, and to report promptly the loss or theft of the card or a change of address.

Parent/Guardian Signature: _____

_____

For Staff Use Only	___Driver License/Non-Driver NY State ID ___ Current Utility Bill ___ Pay Stub ___ Property Tax Bill ___ Rent Receipt ___ Bank Statement ___ Other (specify) _____ Processed By: _____ Barcode Number: 21571 ___ ___ ___ ___ ___ ___ ___ ___ ___ Exp. Date: _____