

Adult Application Form



Please Print Clearly

Library Card # Assigned - Staff use only

Name _____
Last First Middle Initial

Mailing Address _____
City State

Zip Code _____ Home Phone () _____

Cell phone () _____

E-mail address _____

How would you prefer to receive notifications? (overdues, holds, etc.)

Phone Standard Mail

Email Prefer no notices

Complete Birth Date _____ month/day/year

I accept full responsibility for the care of all materials borrowed with this library card. I agree to obey all rules of the library and also pay any damages, and/or lost item fees charged to my library card. I will give prompt notice of loss of card or of any changes to my address or phone number to KLS.

☺ Signature _____ Date _____