

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 () _____

Check: Male _____ Female _____ Work Phone () _____

Cell phone () _____

E-mail address _____

Complete Birth Date _____ month/day/year

County
Circle one

Athens, Morgan, Muskingum, Noble, Perry, Washington

Another county in Ohio, Out of state [do not live in Ohio]

Age Group: Check [Statistics for State Library]

18 - 39 years _____ 40 - 64 years _____ 65 and older _____

Reference

Name _____ Phone () _____

Address _____

City _____ State _____ Zip _____

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 fines, 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 _____