

Salem Public Library | Library Card Application

Full Name _____ (_____)
Last First Middle Former Last Name

What county do you live in? Marion Polk Yamhill Other

What city do you live in? _____ Birth date: _____
(month/day/year)

Telephone number _____ (your PIN number = last four digits of your phone number)
(10-digit number)

Mailing Address _____
Street Apt # City State Zip

Home Address _____
Street Apt # City State Zip

Email Address _____@_____

Please send me information about The Library Foundation The Friends of the Library
 Please send me library event information by email.

LIBRARY USE ONLY

Date: _____ Initials: _____ Record # _____



As a Salem Public Library cardholder, I agree to:

- Abide by library rules regarding behavior, public computer use and borrowing materials.
- Keep my library card secure. I will report a lost or stolen card immediately. I will not allow another person to use my card to access licensed databases or library internet computers.
- Inform the library when my contact information changes.
- Pay all charges assessed on this card. Accounts with \$35 or more in charges are submitted to a collection agency.

Signature of cardholder who is providing government-issued picture ID with current address

As the parent/guardian of a Salem Public Library cardholder, I:

- Take responsibility for guiding my child's use the library. I understand that all library materials and services are available to library users of any age.
- Provide my child's library card to access his or her account.
- Inform the library if my contact information changes.
- Understand Salem Public Library offers filtered internet searching in Youth Services only.

Signature of parent or guardian of child under the age of 13 or in lieu of identification for youth aged 13-17