

# 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 \_\_\_\_\_