

Branch:		 	
Date:			
User ID/Gr	oup ID:		
	очр 15.		

Public Library Services for Carter, Atoka, Johnston, Love and Murray Counties		_								
Library Card Application		_								
DEMOGRAPHIC	INFORMA	TION (Plea	ase circ	e one)						
Male/Female Notification: Email/Phone/Text										
FIRST NAME	=									
		OLE INITIAL		LAST NAMI						
Month Date Year										
BIRTHDATE — — —	PHON	E NUMBER								
ADDITIONAL CONTACT NUMBER										
CURRENT MAILING ADDRESS (House number and str	reet, please inc	clude an apar	tment # o	r PO Box)						
City	State	e Z	ip Code		County					
EMAIL										
CHILDREN										
FIRST NAME and MIDDLE INITIAL	LAST NAME				BIRTHDATE					
FIRST NAME and WINDEL INTIAL		LASTIVALVIE								
··-			<u></u>							
CHILDREN AGES 14 AND UNDER REQUIRE A PARENT										
For Parents or Legal Guardians (Circle One) MOTHE responsibility for my card and my child's use of card						pt full				
Responsible Party Name—Print					ne or my ema.					
Responsible Party Name—Sign										
(Must be signed in the presence of library staff)										
FOR THOSE WHO DON'T OWN PROPERTY IN ATOKA, AN INSTITUTE OF HIGHER LEARNING, PLEASE COMPL			OR MURRA	AY COUNTIES	BUT WORK IN OR A	TTEND				
BUSINESS / SCHOOL NAME					PHONE NUMBER					
CURRENT MAILING ADDRESS (House number and stre	eet inlease incl	ude an anarti	ment # or F	PO Box)						