Form 4/21/09

LIBRARY CARD APPLICATION FORM

Gaylord Public Library
428 Main Ave., Box 797
Gaylord, MN 55334
507-237-5388

A member of Traverse des Sioux Library System (TdS)

All information on this form is private data and may not be disclosed for other than library purposes except pursuant to a court order. Minnesota Statutes, Section 13.40, Subdivision 2.

Applicant's Date of Birth __ __ / __ __ / __ __ __ __

Last Name_____

First Name _____**Middle Initial**_____

Nickname or other names (i.e. maiden name) _____

Local Address: **Street/Box # /Apt #**_____

Must provide Proof of Address & ID

CIty_____**County**_____

State_____**Township**_____
(Only if living outside city limits)

Zip Code _____

Primary Phone _____ - _____ - _____ **Secondary Phone** _____ - _____ - _____

E-mail Address_____

Work/Permanent/Guardian Address_____

_____

Send all notices to (check one): _____**regular mail**
_____**e-mail**

I promise to comply with all library rules, to promptly pay fines or damages charged to me, and to give immediate notice of change in my address. I understand that all information included on this form will be shared with other TdS libraries.

_____
Signature of applicant

_____
(Signature of parent or guardian if applicant is under 16 years of age)

_____
(Printed name of parent or guardian)

LIBRARY USE ONLY

206 __ __ - __ __ __ __ __ - __ __ __ __ Other ID Used_____

Temporary barcode number _ _ _ _ _ _ _ _ _ _ _ _ _ _ Date entered_____

User Category I_____ User Category II_____