

EMMA S CLARK MEMORIAL LIBRARY  
LIBRARY CARD APPLICATION

PLEASE PRINT CLEARLY

NAME \_\_\_\_\_  
Last first middle

BIRTH DATE 00/00/0000 \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Number Street City State zip code

Alternate \_\_\_\_\_  
Number Street City State zip code

Phone# \_\_\_\_\_ Alternate # \_\_\_\_\_

If you wish to receive email notification for courtesy notices, overdue notices, & reserve items please indicate the email address you wish to receive these notices. Please note: Courtesy and overdue notices are a courtesy. If you use these notifications as an indication to return or renew your items, you assume the risk of accruing late fees in the event they are not received. Please note: An email address is required for all on line library services.

Email Address: \_\_\_\_\_  
By leaving this blank you are indicating a preference for mail/phone notification.

Would you like to receive weekly emails regarding the newest books, DVDs, & CDs acquired by the library? Yes \_\_\_\_\_ No \_\_\_\_\_

Which type of Library card would you prefer? Card \_\_\_\_\_ Key Tag \_\_\_\_\_  
Library Building \_\_\_\_\_ Blue \_\_\_\_\_ Kids \_\_\_\_\_  
Have you had a Library card at another Suffolk County Library? \_\_\_\_\_  
Did you register for a Library card online? \_\_\_\_\_

Borrowers Agreement: I agree to be responsible for material borrowed with this card, for fines and/or charges incurred for lost or damaged materials. I agree to be responsible for all video and audio material borrowed with this card and absolve the library for damage to a player by library video or audio material.

Applicant's signature \_\_\_\_\_

If patron is under 12, parent/guardian must sign below:  
\_\_\_\_\_

OFFICE USE ONLY  
Please indicate previous # \_\_\_\_\_

PATRON TYPE (please circle one)  
Juvenile Adult Staff/Trustee LILRC Homebound

CENSUS CODE \_\_\_\_\_ please enter immediately

NEW  
RE-REG  
LOST  
TRANSFER  
INFO CHANGE

LAST

FIRST

MIDDLE

DATE \_\_\_\_\_  
CLERK \_\_\_\_\_