

DELAWARE LIBRARIES
LIBRARY CARD APPLICATION

BASIC INFORMATION:

Last Name _____ First _____ Middle _____

Birthdate _____

PIN _____

Do you pay City of Lewes taxes:

YES

NO

UNSURE

ADDRESS:

Primary Residence:

Street: _____ Apt. _____ P.O. Box _____

City/State: _____ Zip: _____ County: _____

Secondary:

Street: _____ Apt. _____ P.O. Box _____

City/State: _____ Zip: _____ County: _____

CONTACT INFORMATION:

Email: _____

Main Telephone: (_____) _____ Cell Phone: (_____) _____

CONTACT ME BY:

Email Phone Text

By checking this box I agree to follow all applicable policies and procedures defined by the Lewes Public Library. Visit lewes.lib.de.us/about/policies for a complete list.

Yes! I want to know what programs and events are happening in the library. Please sign me up for Lewes Public Library's monthly email newsletter.

Signature: _____ Date: _____

***PARENT/GUARDIAN INFORMATION:**

Name of Parent or Legal Guardian: _____

I have read the Library's Internet Policy and wish to give my child the following access to the Internet or other online services:

Internet Access Full Limited (Library supplied databases and software only) Initials: _____

I understand that the Library does not accept responsibility for my child's choice of Library materials and that I am responsible for the materials borrowed by my child and any fines or fees accrued on them.

Parent/Guardian Signature: _____ Date: _____

For staff use only:

Date: _____ Barcode: **23806000**

Profile Name if not Resident: NONRES NRPO Temp Other

Staff Name: _____