

**CORVALLIS-BENTON COUNTY PUBLIC LIBRARY
LIBRARY CARD APPLICATION**

I hereby apply for the right to use the Corvallis-Benton County Public Library. I am responsible for all items checked out on my card and agree to obey Library rules, to pay all fines or damages charged to me and to give prompt notice of change of address and contact information. I understand that the Library will not disclose names, addresses, contact information, or circulation information except in response to a court order.

Last Name First Name M.I.

Birth Year: _____ Gender (optional): _____

Primary Mailing Address- Apt. # City Zip Code

Home Phone Work/Cell Phone

Email: _____

Notification Options: Email or Text or Telephone (choose one)

Text Message (fill out only if you selected text notifications above)
Phone number: _____ Carrier: _____
I understand the library is not responsible for any carrier charges resulting from text messaging.

Secondary Mailing Address (if applicable) City Zip Code

Signature

Minor Applicants – Please obtain parent/guardian signature:
I accept responsibility for items borrowed and charges incurred by my child. I understand that I must produce the child's Library card number to have access to my child's account information.

Parent/Legal Guardian Signature

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