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	
Birth Year:		
Primary Mailing Address- Apt. #	City	Zip Code
Primary Phone	Secondary/Work Phone	
Email:		
Notification Options:	Text or □ Telephone	(choose one)
Text Message (fill out only if you selected	d text notifications above)	
Phone number:	Carrier:	
I understand the library is not responsible for a	ny carrier charges resulting fror	n text messaging.
Secondary Mailing Address (if applicable)	City	Zip Code
 Signature		
Applicants in 5th grade or younger – Plea I accept responsibility for items borrowed stand that I must produce the child's Libr child's account information.	and charges incurred by r	ny child. I under-
Parent/Legal Guardian Signature		