DECATUR PUBLIC LIBRARY
Begin Here.

LIBRARY CARD APPLICATION

PLEASE PRINT APPROVED IDENTIFICATION IS REQUIRED. ALL INFORMATION IS CONFIDENTIAL.

_____

LAST NAME FIRST NAME MIDDLE NAME

_____

RESPONSIBLE ADULT (for children under age 16)

_____

ADDRESS APT. #

_____ _____ _____

CITY STATE ZIP CODE

_____ _____

PHONE ALTERNATE PHONE DATE OF BIRTH ____ / ____ / __ __ __ __

WOULD YOU LIKE ARRIVED REQUEST NOTIFICATIONS SENT TO YOU BY EMAIL? ____YES ____ NO

EMAIL ADDRESS _____

OR

WOULD YOU LIKE ARRIVED REQUEST NOTIFICATIONS SENT TO YOU BY TEXT MESSAGE? ____YES ____ NO

IF YES, SMS CELL PHONE NUMBER _____ **CARRIER** _____

AGE CATEGORY: ( ) 0-12 YEARS ( ) 13-17 YEARS ( ) 18-61 YEARS ( ) 62+ YEARS

LOCATION OF RESIDENCE IN MORGAN COUNTY (OR NEAREST COMMUNITY)

( ) DECATUR SE	( ) PRICEVILLE	( ) DANVILLE
( ) DECATUR SW	( ) HARTSELLE	( ) EVA
( ) DECATUR NE	( ) TRINITY	( ) FALKVILLE
( ) DECATUR NW	( ) SOMERVILLE	( ) LACEY'S SPRING

LOCATION OF RESIDENCE IF OUTSIDE MORGAN COUNTY

( ) CULLMAN COUNTY	( ) LAWRENCE COUNTY	( ) OTHER COUNTY IN ALABAMA
( ) MADISON COUNTY	( ) LIMESTONE COUNTY	( ) OUT-OF-STATE

The individual signing this form agrees to obey all the rules and conditions of the library as summarized on the policy handout. Failure to do so could subject individual to a collection agency or court action as outlined in City Ordinance No. 92-3112.

_____ _____

Signature of Card Holder Date

_____ _____

Signature of Responsible Adult (*for child under age 16*) Date