



WESTERN COUNTIES REGIONAL LIBRARY LIBRARY CARD APPLICATION

(Email completed application to circulation@cabellcountylib.org)

FULL LEGAL NAME _____

1. CURRENT ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

PHONE _____ How long have you lived at this address? _____

E-MAIL _____

SOCIAL SECURITY # ___ ___ / ___ ___ / ___ ___ BIRTH DATE ___ ___ / ___ ___ / ___ ___

DRIVERS LICENSE # _____

2. SECONDARY CURRENT ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

SECOND PHONE _____

I accept full responsibility for all use made of my library card and will immediately report loss, theft or unauthorized use of my library card to the library. I understand that the library will pursue all legal means available to reclaim unreturned materials.

PARENTS/GUARDIANS LIBRARY CARD NUMBERS _____

PATRON SIGNATURE DATE _____

(Or parent's/guardian's signature if applicant is under 12 years of age)

PARENT'S/GUARDIAN'S NAME (print) _____

FRIENDS OF THE LIBRARY

The Friends of the Cabell County Public Library provides support for the programs, special activities, and staff of the Cabell County Public Library. The Friends work to raise awareness of the valuable services provided by the Library to the community. There is a modest membership fee.

Are you interested in becoming a member of the Friends of the Library? Yes No

FOR STAFF USE ONLY

USER PROFILE _____ PIN# _____

LOCATION ISSUED _____ STAFF INITIALS _____

PATRON BARCODE # _____