GUTHRIE MEMORIAL LIBRARY – HANOVER'S PUBLIC LIBRARY
YORK COUNTY MEMBERSHIP CARD APPLICATION

(PLEASE PRINT) Parent must fill out application for children under 13 years of age.
((por favor escribir en letra molde) Para niños que tienen menos de 13 años el papá/la mamá tiene que llenar y firmar la solicitud.)

LAST NAME (Apellido(s)) _____ FIRST NAME (Nombre) _____ MIDDLE NAME (Segundo nombre) _____

STREET ADDRESS (Direccion: número de casa y nombre de la calle) _____

CITY, STATE, ZIP (Ciudad, estado, código postal) _____ (_____)_____ PHONE # (# de teléfono)

BOROUGH, CITY OR TOWNSHIP (Municipio) _____ COUNTY (condado) _____

EMAIL ADDRESS (Dirección electrónica) _____ DATE OF BIRTH (fecha de nacimiento) _____

DRIVER'S LICENSE # (Número de licencia) _____

PLACE OF WORK (Nombre del empleo) _____ WORK PHONE # (# teléfono del trabajo) _____

NAME AND PHONE NUMBER OF SOMEONE AT ANOTHER ADDRESS WHO WOULD KNOW YOUR ADDRESS IF YOU MOVED. (Nombre, apellido, y teléfono de alguien que NO vive con usted que sabría dónde localizarlo/-la encase de que se muda sin avisar a la biblioteca.)

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STUDENT K – 12
(Para estudiantes) GRADE (Grado) _____ SCHOOL DISTRICT (distrito escolar) _____

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I understand and agree to:

1. report the theft/loss of my card.
2. be responsible for materials and overdue fees.
3. report change of name, address and phone number.
4. accept account responsibility for child under 13 years.

I understand and agree that Guthrie Memorial Library:

1. is not responsible for notifying me of overdue materials.
2. reserves the right to request valid identification of cardholder.
3. may search packages, etc., for unauthorized removal of library materials.
4. may refuse use of card to anyone except the person to whom card was issued.

SIGNATURE **(13 AND OLDER)** _____
(firma (13 años y más)

PARENT/GUARDIAN SIGNATURE _____
(Firma del papá o la mamá)

PRINTED PARENT/GUARDIAN NAME _____
(nombre del papá o la mamá en letra molde)

Under this line to be completed by a library staff member only.

BARCODE:_____ **ID PROVIDED**_____ **STAFF INITIALS & DATE** _____

CARD GIVEN_____