Milton Public Library

Library Card Application

Name: _____

Last First Middle Initial

Street: _____ Town: _____

Postal Code: _____

Telephone: Home: _____ Business: _____

Permanent address and phone number (if different from above):

_____

Birthdate: _____

Parent / Guardian Name (for children 13 and under): _____

Optional:
Age group: (completion is voluntary but will help with statistical information):
0 - 4 years ☐ 5 - 12 years ☐ 13 - 18 years ☐ 19 - 64 years ☐ 65+ ☐

Languages, other than English, read in the home _____

E-mail address (if you wish to receive e-mail notices)_____

I assume responsibility for all material taken out on this card and agree to pay overdue fines, and the cost of replacing lost or damaged material. Children 13 years and under require the signature of a parent or guardian.

Signature: _____

Office Use Only

Barcode: _____ Address Verified: _____ Card Mailed: _____
Patron Type (code): _____ Stat Class (code): 1 (age) _____ 2 (geog) _____
Input (date and initials): _____