

# Marshall Public Library – Card Application

Staff Use

Bar Code \_\_\_\_\_ Prior Card Check/ Address Verification (staff initials) \_\_\_\_\_

Card Type:    Adult                    Child                    Temp                    Reciprocal Borrower

Last Name \_\_\_\_\_ First Name/Middle Name \_\_\_\_\_

Preferred Name (if applicable) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City, St, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Phone Provider \_\_\_\_\_

Email \_\_\_\_\_

Pref. Notification (Text or Email) \_\_\_\_\_

I understand:

- I must report any changes in address, telephone number or address to the Library
- My card may be deactivated if not used within 2 years
- There is a replacement charge of \$1.00 for lost or stolen cards
- My library card is non-transferable, including within my family
- I am responsible for all fines, damages, losses, and collection costs charged against me.

I agree:

- To return materials when due
- To pay for any materials I fail to return
- To pay any charges on this card if lost or stolen and I fail to report it
- To be the sole user of my card
- To pay for any damage to borrowed items

Idaho Code 33-2620: The failure to return borrowed library material is a crime in Idaho.  
More information about this is available upon request.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Parent/Guardian: For minor card please initial for acceptance of terms.

\_\_\_\_\_ I agree to ensure this minor is in compliance with all library borrowing rules and regulations.

\_\_\_\_\_ I realize I am responsible for all charges incurred by this minor.

\_\_\_\_\_ I understand I am responsible for supervising access to all books and media for this minor.

Parent/Guardian Name (Print) \_\_\_\_\_ Card Number \_\_\_\_\_

Signature \_\_\_\_\_

(Optional) 2<sup>nd</sup> adult \_\_\_\_\_ Card Number \_\_\_\_\_

(Optional) 3<sup>rd</sup> adult \_\_\_\_\_ Card Number \_\_\_\_\_