**Noxubee County Public Library –Adult Library Card Application**

Please print neatly and fill out form completely

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone/Cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street/Apartment number or P.O. Box) (City, State, Zip)

Age (circle): 18-44 45 and up

Place of employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

O Yes, I would like to receive all library notices by E-mail (Please Check the Circle if YES)

* **Identification Required:**
* **Picture identification (current Mississippi driver’s license or ID, Military ID, Passport, or Student ID),**
* **Proof of Address (current Mississippi driver’s license, rental agreement, utility bill, or preprinted check),**
* **Signature Verification (Current Mississippi driver’s license, Military ID, Passport, credit card).**

Address verified: \_\_\_\_\_\_\_\_yes \_\_\_\_\_\_\_\_\_no Photo# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Library card number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_New Card \_\_\_\_\_\_Address Change \_\_\_\_\_Name Change

\_\_\_\_Renewal \_\_\_\_\_\_Replacement \_\_\_\_\_Parent/Guardian/Adult record checked

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**Individual Computer User Agreement**

As a user of the Library’s computers to access the Internet and for general research purposes, I understand and will abide by the Computer/Internet Acceptable Use Policy. I agree to comply with the stated rules and understand that a violation will result in my access privileges being revoked and/or legal action may be taken.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Mailed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_