

MADISON COUNTY MISSISSIPPI LIBRARY SYSTEM

Camden Public Library • Canton Public Library • Flora Public Library • Madison Public Library • Ridgeland Public Library

APPLICATION FOR BORROWER CARD

This application must be completely filled out and presented to a staff member with acceptable proof of name and address in order to obtain a borrower’s card. The library reserves the right to refuse a card if insufficient information is available, or if money is owed on a previous card not cleared.

Full Name (Please print) _____
(Last) (First) (Middle)

Mailing Address _____
(Street) (Apt. No.) (City) (Zip) (County of Residence)

Permanent address (If different from above) _____

Home Phone (____) Work Phone (____) Cell Phone (____) Email _____

Place of Employment or School and Grade _____ **Date of Birth** _____

I agree to obey the policies, rules, and regulations of the Madison County Library System and to notify the Library when any information I have given is changed. I will be responsible for all charges incurred for any overdue, lost, or damaged materials. In the event my card is lost or stolen, I understand that I am responsible for charges on it until the Library is notified of its theft or loss. **Note: BORROWER CARDS ARE NOT TRANSFERABLE**

Signature of Applicant

If applicant is under 16 years of age, the parent or guardian must sign below.

I am willing for my child to receive a library card from the Madison County Library System. I understand that as parent/guardian, I take full responsibility for any and all charges due to damaged, lost, or overdue materials incurred through the use of this card. I also understand that my child, age 12 – 16 will have open access to all online services.

Signature of Parent or Guardian

Revised 2/2014

MADISON COUNTY MISSISSIPPI LIBRARY SYSTEM

Camden Public Library • Canton Public Library • Flora Public Library • Madison Public Library • Ridgeland Public Library

APPLICATION FOR BORROWER CARD

This application must be completely filled out and presented to a staff member with acceptable proof of name and address in order to obtain a borrower’s card. The library reserves the right to refuse a card if insufficient information is available, or if money is owed on a previous card not cleared.

Full Name (Please print) _____
(Last) (First) (Middle)

Mailing Address _____
(Street) (Apt. No.) (City) (Zip) (County of Residence)

Permanent address (If different from above) _____

Home Phone (____) Work Phone (____) Cell Phone (____) Email _____

Place of Employment or School and Grade _____ **Date of Birth** _____

I agree to obey the policies, rules, and regulations of the Madison County Library System and to notify the Library when any information I have given is changed. I will be responsible for all charges incurred for any overdue, lost, or damaged materials. In the event my card is lost or stolen, I understand that I am responsible for charges on it until the Library is notified of its theft or loss. **Note: BORROWER CARDS ARE NOT TRANSFERABLE**

Signature of Applicant

If applicant is under 16 years of age, the parent or guardian must sign below.

I am willing for my child to receive a library card from the Madison County Library System. I understand that as parent/guardian, I take full responsibility for any and all charges due to damaged, lost, or overdue materials incurred through the use of this card. I also understand that my child, age 12 – 16 will have open access to all online services.

Signature of Parent or Guardian

Revised 2/2014