Nassau County Public Library System
APPLICATION FOR A LIBRARY CARD AND INTERNET ACCESS PRIVILEGES

PLEASE PRINT CLEARLY

NAME_____
LAST FIRST MID.INTIAL

ADDRESS_____
STREET APT. NUMBER

_____
CITY STATE ZIP COUNTY

PHONE NUMBER_____-_____-_____ BIRTHDAY_____-_____-_____

AGE CATEGORY (PLEASE MARK ONE): _____ (0-7) _____ (8-17)

_____ (18-44) _____ (45-65) _____ (65+)

MY CHILD HAS UNLIMITED ACCESS TO THE INTERENT. _____ YES _____NO

I AGREE TO GIVE IMMEDIATE NOTICE OF CHANGE OF ADDRESS, LOSS OF CARD, OR LOSS OF LIBRARY MATERIALS. I WILL BE RESPONSIBLE FOR ALL NEWFINES OR OTHER CHARGES IMPOSED FOR LATE RETURNS, LOSS DAMAGE OR MUTILATION OF MATERIAL BORROWED ON MY CARD. IF MY CARD IS LOST OR STOLEN, I AM STILL RESPONSIBLE FOR ALL MATERIALS CHARGED TO MY CARD UNTIL I REPORT SUCH LOSS TO THE LIBRARY STAFF.

_____ _____
Borrower's Signature Parent or Guardian Signature (for youth under 17)