



Library Card Application

Adult Form (High School age and Over)

Personal identification demonstrating name and home address will be requested by Library Staff. Photos of identification are not acceptable as proof of ID.

Please Print

Name _____ ()
Last First Middle Preferred

Address
Apt./Unit # Street Number Street Name
City Province Postal Code

Primary Phone () Secondary Phone ()	Currently enrolled in
	() Secondary School
	() Fanshawe College (Wdstk)
	() Other

Birthday _____
DD/MM/YR

Email Address _____ @

I agree to receive hold notifications, courtesy due date reminders and occasional library correspondence at this email address. I can remove it at any time.

Alternate Address
Apt./Unit # Street Number Street Name
City Province Postal Code

I agree to follow the rules and regulations of the Woodstock Public Library; care for all of the materials I borrow; pay for all lost or damaged materials; inform the Library if my card is lost or stolen and/or if my name or contact information changes. I am responsible for any use of this card.

Signature of Applicant

Barcode 2210500	Resident / Non-Resident	Date	Staff Initials
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This information is collected under the authority of the Public Libraries Act (R.S.O. 1990, c. P.44) for the purpose of maintaining control of circulating library materials. The information on this form is subject to the Municipal Freedom of Information and Protection of Privacy Act (R.S.O. 1990 c. M.56).