

## **Library Card Application**

Adult Form (High School age and Over)

Personal identification, including name and home address will be requested by Library Staff.

## **Please Print**

Name	Last		First	Middle	(	Preferred	)
Address							
	Apt./Unit # Street Number Street Name						
City			Pro	Postal Code			
Home Ph	Home Phone ( )		Cell Phone ( )		Birthday MM/DD/YYYY		
			School ( * applies to Wo	) Secondary ) Fanshawe ) Other odstock schools only	Notify via	(	) Home Phone ) Cell Phone ) Email
Email Address (complete ONLY if you wish to receive notifications of holds and overdues at this address)							
Alternate							
Address	Apt./Unit #	Street Number	Stre	eet Name			
	City		Pro	vince		Postal Code	
I agree to follow the rules and regulations of the Woodstock Public Library; care for all of the materials I borrow; pay outstanding fines or fees; pay for all lost or damaged materials; inform the Library if my card is lost or stolen and/or if my name, address or phone number changes. I am responsible for any use of this card.  Signature of Applicant							
Barcode 2210500	0		Resident /	' Non-Resident	Date		Staff Initials

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).