



Internet Access Card Application

All Ages Form

Personal identification, including name and home address, will be requested by Library Staff. Identification is necessary for 1-year cards.

Please Print

| | | | |
|---|--|-----------------------------|---|
| Name _____ (_____) | | | |
| Last | First | Middle | Preferred |
| Address _____ | | | |
| Apt./Unit # | Street Number | Street Name | |
| _____ | | _____ | |
| City | Province | Postal Code | |
| Home Phone () | | Cell Phone () | Birthday (optional) MM/DD/YYYY |
| | | Email Address | |
| | | _____ @ _____ | |
| <p>JUVENILE Applicant (applicants Grade 8 or Under must be accompanied by a parent or guardian)</p> <p>Parental Consent</p> <p>I would like my child to have his/her own Internet Access Card. As Parent/Guardian, I agree that I am responsible for all use of the library card. I agree to follow the rules and regulations of the Woodstock Public Library; pay outstanding fines or fees; inform the Library if the card is lost or stolen and/or if the child's name, address or phone number changes. (Please include last, first and middle names.)</p> | | | |
| Parent/Guardian's Name (please print) | | Parent/Guardian's Signature | |
| <p>ADULT Applicant</p> <p>I agree to follow the rules and regulations of the Woodstock Public Library; pay outstanding fines or fees; 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.</p> | | | |
| _____ Signature of Applicant | | | |
| Barcode 2210500 | Child Adult / Month Year (circle one) (circle one) | 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).