



Library Card Application

Please present this application with photo ID and proof of current address.

Parents (or legal guardians) with library cards in good standing may apply for a children's library card.

Name: _____
Last First Middle Maiden

Driver's License or ID Number: _____ Date of Birth: ____ / ____ / ____
MM DD YYYY

PIN Number: ____ ____ ____ ____
(A four-digit PIN number will allow account and computer access.)

Phone Number: (Home) _____ (Cell) _____

Email Address: _____

Receive Notices By: Email OR Phone Check Out Receipt: Print AND/OR Email

Please initial _____ if you want to opt in to having access to your circulation history.

Physical Address: Temporary Valid Until: _____

Street _____

City _____ State _____ Zip _____

County Pickens Anderson Greenville Oconee Other

Mailing Address: (If different from above.)

Street _____

City _____ State _____ Zip _____

Youth Cards Only (0-17 yrs.)

Parent/Guardian must be present to sign for youth cards.

Parent/Legal Guardian Name: _____
Last First

Parent/Legal Guardian ID Number: _____

I understand that this library card entitles my child complete access to all materials of the Pickens County Library System. I assume responsibility for library materials borrowed (including selection, care, and financial obligation) by this child.

Authorized Signature (Parent or Legal Guardian)

Date

Staff Use Only

Reciprocal Good Standing

Parent/Guardian Good Standing

Reciprocal Paid Fee

Y to AV

Non-Resident Paid Fee

Library Card # 2296400 _____

Date Applied _____

Staff Initials _____