

# 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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Please choose a four-digit personal identification number that you will remember. It will allow account and computer access.)

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Receive Notices By:  Email or  Phone call 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 Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County:  Pickens  Anderson  Greenville  Oconee  Other \_\_\_\_\_

Mailing Address: (if different from above)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Youth Cards Only (0-17 years) 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  Y to AV  Reciprocal Paid Fee  Non-Resident Paid Fee

Library Card # 2296400 \_\_\_\_\_ Date Applied \_\_\_\_\_ Staff Initials \_\_\_\_\_