

Library Card Application



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

Adult library cards are for ages 18 and up. Card must be renewed every two years.

Name: _____
Last First Middle Maiden

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

PIN Number: ____/____/____/____ (Choose a four-digit code. It will allow account and computer access.)

Home Phone: _____ Mobile Phone: _____ Email: _____

Receive Notices By: Email or Phone call or Text Message (Service Provider: _____)

Check Out Receipt: Print and/or Email Please initial if you want to have access to your check-out history. _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

County: Pickens Anderson Greenville Oconee Other _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Signature: _____

Staff Use Only Reciprocal Good Standing Y to AV Reciprocal Paid Fee Non-Resident Paid Fee

Library Card # 2296400 _____ Date Applied _____ Staff Initials _____