

**KINGSTON PUBLIC LIBRARY** Patron's last name: \_\_\_\_\_



Date: \_\_\_\_\_

APPLICATION FOR LIBRARY CARD, age 17 and up

(please print clearly)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

\*Email addresses will not be passed on to third parties.

Would you like to receive a weekly email with everything you have checked out?

(circle one) yes / no

Would you like to sign up for the library's monthly email newsletter?

(circle one) yes / no

PHONE NO: \_\_\_\_\_

Second phone number: \_\_\_\_\_

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**Acceptance of responsibility**

I, \_\_\_\_\_ AGREE TO

- OBEY ALL THE RULES AND REGULATIONS OF THE KINGSTON PUBLIC LIBRARY,
- TO RETURN ITEMS PROMPTLY,
- TO PAY PROMPTLY ALL FINES CHARGED AGAINST ME FOR ALL LATE ITEMS, INJURY, DAMAGE, LOSS OF BOOKS AND/OR OTHER LIBRARY MATERIALS,
- AND TO GIVE IMMEDIATE NOTICE OF ANY CHANGE OF ADDRESS OR PHONE NUMBER.

SIGNED: \_\_\_\_\_

Print name: \_\_\_\_\_

**Out-of-county cards only**

An out-of-county card will be up for renewal yearly.

An out-of-county card is available for a \$25 annual fee. Immediate household members may use this card if authorized.

Name: \_\_\_\_\_ Name: \_\_\_\_\_

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**Teacher cards only**

Name of the public Roane County school where you teach: \_\_\_\_\_

The grade you teach: \_\_\_\_\_

A phone number or email address for work where we may contact you:

\_\_\_\_\_

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LIBRARY USE ONLY BELOW:

LIBRARY CARD # \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_