

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

**FLETCHER FREE LIBRARY CARD APPLICATION- ADULT (18+)**

\_\_\_\_\_

Last Name

First Name

Middle Name

\_\_\_\_\_

Mailing Address

Apt. #

City

State

Zip Code

\_\_\_\_\_

Phone Number

Email

\_\_\_\_\_

Alternate Address

City

State

Zip Code

**Notification Preference:**

Email                       Text - Carrier \_\_\_\_\_

*I hereby agree to obey all the policies and regulations of the Fletcher Free Library: I will assume responsibility for returning library materials, taking care of them, and paying for their replacement if necessary due to loss or destruction. I will also assume responsibility for all library communications.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*I authorize the individuals listed below to pick up any items on hold for me at the Fletcher Free Library. Additionally, by checking this box:  I authorize full disclosure of information about my account to the people listed below. I understand that I will need to notify a staff member to cancel this authorization, which I may do at any time.*

Print the names of authorized persons below:

\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR STAFF USE:**

*Card Type:*

- Local Adult
- Non-Resident (VT)
- Non-Resident (Out of State)
- Non-Resident Senior
- Short-Term Patron

*BTV Affiliation:*

- School: \_\_\_\_\_
- Employer: \_\_\_\_\_

*Privacy Note in Account:*

- Holds Pick-Up Permission
- Full Permissions

Staff Initials: \_\_\_\_\_