*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

_____

Alternate Phone Number Alternate Email

*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 No Home / One Card
- ☐ Home / One Card Adult
- ☐ Non-Resident Adult
  - ☐ Payment entered in KOHA
- ☐ Non-Resident Senior
  - ☐ Payment entered in KOHA
- ☐ Short-Term Patron

BTV Employer:_____ *(if applicable)*

BTV College:_____ *(if applicable)*

☐ **SEEN ID/PROOF OF ADDRESS**

☐ **ASKED FOR PHOTO/RELEASE FORM**

*Staff Initials:* _____