

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

FLETCHER FREE LIBRARY CARD APPLICATION- **ADULT (17+)**

\_\_\_\_\_  
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:** \_\_\_\_\_

*(OPTIONAL:) I authorize the individuals listed below to pick up any items on hold for me at the Fletcher Free Library. Additionally, I authorize full disclosure of information about my account to the people listed below: YES or NO (circle one). 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

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

Full Permissions