



The Indianapolis Public Library

Application for Library Card

I.D. with current address must be shown when applying for Library card. Applicant must be present.

PLEASE PRINT

NAME: _____ DATE OF BIRTH: ____ / ____ / ____
(Last) (First) (Middle)

PRIMARY PHONE: _____ 2nd PHONE: _____
 Cell Home Cell Home
 Text Other Text Other

STREET ADDRESS: _____

CITY / STATE: _____ ZIP CODE: _____

MAILING ADDRESS: _____
(If different from above)

To avoid postage costs and delivery delays all general notices will be sent to the email address you enter below or texted to the phone number provided above. If you do not have an email address, billing notices will be mailed to the mailing address listed above. The Library cannot guarantee prompt delivery of billing notices mailed through the post office.

EMAIL ADDRESS: _____

Patron information may be shared with The Indianapolis Public Library Foundation.
CHECK HERE _____ if you prefer not to be contacted by the Foundation.

BORROWER RESPONSIBILITIES:

*The person signing below shall be responsible for the timely return of all library materials, the payment of fines for overdue, lost or damaged materials charged on the card, notifying the library of any change of name or address, and reporting if the card is lost or stolen. The undersigned agrees that the Library shall be entitled to payment from the undersigned for the costs of collection, including reasonable attorneys' fees, incurred in collection of any fines for overdue, lost or damaged materials charged on their card. **The card is not transferable.**

Borrower's Signature _____

Parent/Guardian Signature _____

Parent/Guardian - Please Print _____
(Required for all dependents under age 18. The signer assumes responsibility for the child's selections and financial responsibility.)

PERMISSION FOR ACCESS TO FULL VIDEO AND DVD COLLECTIONS:

The selection of video or DVDs by children under age 18 is restricted to the juvenile collection only.
If you would like to remove this restriction and allow your child full access to all videos and DVDs,

PLEASE SIGN HERE:

Parent/Guardian _____

(Required for all dependents under age 18. The signer assumes responsibility for the child's selections.)

STAFF USE ONLY	Loc: _____	Barcode: _____	Staff Initials & Date: _____
	New _____	Renewal _____	ReReg _____
Home Library: _____		PLAC _____	IndyPL PLAC _____
		Receipt No. _____	

Revised 3/17