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  □ Text □ Other  □ Cell □ Home  □ 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: ____________________

New _____________ Renewal _____________ ReReg _____________ PLAC _____________ IndyPL PLAC _____________

Home Library: __________________________________________________________________

Receipt No. _______________________________________

Revised 3/17