

Waldport Public Library Card Application

Card # _____

Class _____

Staff / Date _____

I apply for the right to use the Library and promise to comply with all its rules, to pay fees charged to me promptly, and to give immediate notice of changes in my contact information.

Print Full Name _____

Mailing Address _____

Street Address (if different) _____

Phone _____ Cell _____

Email _____ Birth Date _____

Minors must have Parent/Guardian permission below.

FOR PARENT/GUARDIAN TO COMPLETE:

- **I agree to be responsible for my child's compliance with the Library rules and fees.**
- **I am aware that the Library does not restrict access to any library materials on the basis of age. This includes access to the Internet.**
- **Knowing this, I give permission for this minor to hold a library card.**
- **I accept responsibility for his/her selection of and use of library materials, and use of the Internet.**

Parent/guardian signature

Printed name

Mailing Address _____

Phone _____ Email _____

PLEASE NOTE: As a member of the Chinook Library Network, Waldport Public Library shares borrower registration information with other consortium libraries.