

SARA HIGHTOWER REGIONAL LIBRARY

CARD APPLICATION

LAST NAME		FIRST NAME		MIDDLE OR MAIDEN	
HOME PHONE		WORK OR CELL (OPTIONAL)		DATE OF BIRTH Year _____ Month _____ Day _____	
MAILING ADDRESS					
CITY	COUNTY	STATE	ZIP CODE	Do you live within the city limits? (Circle One) YES NO	
RESIDENCE ADDRESS (IF DIFFERENT FROM ABOVE)		CITY	STATE	ZIP CODE	
Would you like to be contacted for holds or overdue items by email, please list your email					
Email: _____					
If you are not registered to vote, would you like to register to vote here today?					
<input type="checkbox"/> I am already a registered to vote. <input type="checkbox"/> I want to register to vote (Ask for form) <input type="checkbox"/> I do not want to register to vote.					

I apply for the right to use the Library; agree to comply with all of the rules and regulations, And give immediate notice of any change of address.

I accept financial responsibility for all fines and/or damage to all Library materials, audiovisual materials and equipment beyond normal wear and tear, and I agree to pay the current replacement cost for any materials and or equipment which is lost or damaged beyond use while checked out on my card? Under Georgia Code (O.C.G.A. Annotated Rev. 1985 20-5-53), failure to return items borrowed from a public library is considered a misdemeanor.

Child Internet Permission:
<input type="checkbox"/> I give permission for my child to use the Internet access at the Library
<input type="checkbox"/> I DO NOT give permission for my child to use the Internet access at the Library

As the parent/Guardian of this child 17 years old or younger, I am willing to allow him/her to borrow books from the Public Library. I will take responsibility to make good any damage or loss and overdue charges.

Signature of Parent
or Guardian

Print Name

Signature of Application

Date

21047