



Madison County Library Card Application

Applicant (or applicant's parent) must provide photo identification and proof of address. Please print clearly.

Last Name	First Name	Middle Name
Mailing Address		Apt. #
City, State	Zip Code	County of Residence
Email Address	May we contact you with event and newsletter updates? YES NO	
Telephone ()	If under 18, Date of Birth (mm/dd/yyyy)	
Alternate Contact Name:	Telephone: ()	
<p>I agree to be responsible for all materials checked out with my library card; to promptly pay all fines; to report a lost card; to notify the library of changes to information on this form; and to observe library rules, including the Internet usage policy.</p> <p>Signature of Applicant: _____ Date: _____</p>		
For Parent of Guardian of Minor Applicant (under 15): I acknowledge that this library card entitles my child to access to library materials. I assume responsibility for the library materials borrowed by my child.		
This minor is allowed to access the internet on library computers: YES NO		
Parent/Guardian's Name (Print):	Parent/Guardian's Signature:	
Staff Use Only		
Date:	Initials:	Barcode #:
Notes:		