YORK COUNTY PUBLIC LIBRARY
Application for Library Card

To register for a library card, please complete and print this form. Bring the completed form, **current photo identification** and proof of **current address**, such as driver's license, state photo ID, printed checkbook or auto registration to the Circulation desk.

Name: _____ _____ _____
Last First Middle Initial

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____ **Social Security # (optional):** _____

Check one: York County Resident ◯ Non-Resident ◯ Temporary (in area 6 months or less) ◯

How would you like to be notified (check one): Phone ◯ Email ◯

Email Address: _____

Permanent Address (if different from above): _____

City: _____ **State:** _____ **Zip:** _____

I agree that I am responsible for all materials borrowed with this card, fines incurred and payment for lost or damaged materials. **Applicant Signature:** _____

Parent/Guardian must sign for children ages 4-16: I agree to be responsible for the return of materials borrowed with this card, fines incurred and payment for lost or damaged materials. I accept responsibility for the selection of materials made by this person including access to the Internet.

Print Name of Parent: _____ **Signature of Parent:** _____

Print Form