

Southworth Library Card Application

date: _____

Last Name: _____ First Name: _____ M.I. _____

Mailing Address: _____

City: _____ County: _____ Zip Code: _____

Phone # with area code: _____ Cell # : _____

Birthdate: (MM/DD/YYYY): _____ / _____ / _____ School District: _____

Email Address: _____ Circle Notification option: e-mail / phone / text

Do you have other Fingerlakes Library System cards? (Y/N) From which Library: _____

This application assumes the owner responsible to abide by library rules and materials.

Signature: _____

If this card is for someone under 18 years old, parental permission is required with the understanding that the parent or guardian (below) is responsible for items checked out and financial obligations.

Name (Print): _____ Signature: _____

Relationship to minor: _____ Phone/e-mail: _____