

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 Preferred Notification option: e-mail / phone / text

Do you have other Finger Lakes 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: _____

I authorize the following library patrons to collect my items on hold:

Parents/Guardians are responsible for any charges on their children's accounts. Internet use for minors requires a separate permission form, available at the library.

Please bring this completed form to the front desk at the Southworth Library, 24 W. Main Street, Dryden NY to get your library card. This card can be used in any of the libraries in the Finger lakes Library System.