

Madisonville Public Library Card Application

Please Print-Application must be filled out entirely for us to process.

Adult Name _____ Date _____
Street Address _____
P.O. Box _____
City _____ zip code _____ County _____
Birthdate (MM/DD/YYYY) _____
Home Phone (_____) _____
Cell Phone (_____) _____
Email Address _____
Business Name _____
Business Phone (_____) _____
Friend or relative name (not living with you) _____
Friend or relative Phone (_____) _____

Please Note: The patron who signs for an adult and/or juvenile library cards accepts full responsibility for all accrued fees/fines on any late, lost or damaged library materials. Children must be at least 5 to receive a card.

Signature _____

1) Child Name _____ Age _____ DOB _____
Street Address _____
P.O. Box _____
City _____ zip code _____ County _____
Home Phone (_____) _____
Adult Signature _____

2) Child Name _____ Age _____ DOB _____
Street Address _____
P.O. Box _____
City _____ zip code _____ County _____
Home Phone (_____) _____
Adult Signature _____

(List additional Children on back)

3) Child Name _____ Age _____ DOB _____
Street Address _____
P.O. Box _____
City _____ zip code _____ County _____
Home Phone (_____) _____
Adult Signature _____

4) Child Name _____ Age _____ DOB _____
Street Address _____
P.O. Box _____
City _____ zip code _____ County _____
Home Phone (_____) _____
Adult Signature _____

Do not write below this line-office use only

ID # _____

ALT ID # _____

Out of county _____

Date applied _____ Date issued _____

Child 1 ID # _____

Child 2 ID # _____

Child 3 ID # _____

Child 4 ID # _____