Madisonville Public Library Card Application

Please Print-Application must be filled out entirely for us to process.
The first 2 checkouts you may check out only 2 Books or DVDs.

Adult Name_____ Date_____
Street Address_____ Apt._____
P.O. Box_____
City _____ zip code_____ County_____
Birthdate (MM/DD/YYYY)_____
Primary Phone (_____)_____
Secondary Phone (_____)_____
Email Address_____

Signature_____

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.

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_____

3) 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 issued _____ Date verified _____

Child 1 ID # _____

Child 2 ID # _____

Child 3 ID # _____