

Huntingdon Valley Library Card Application  
Please Print

First name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_

Work Telephone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Would you like to be added to the library e-mail list? Yes \_\_\_\_\_ No \_\_\_\_\_

The last 4 digits of your Social Security Number: \_\_\_\_\_

(This will be used to log in to your account from home)

Driver's License Number: \_\_\_\_\_

Municipality (Township or Borough): \_\_\_\_\_

County: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Please read and sign

I hereby apply to use the library and promise to obey all its rules. I accept full responsibility for all materials checked out on this card and for all charges associated with its use. I agree to pay promptly all fines or damages charged to me, and give prompt notice of any changes in my address or loss/theft of my card.

Your signature \_\_\_\_\_

Children under the age of 18 must have the signature of the parent or guardian. As parent or guardian of the child named above, I give permission for his/her selection of materials and to make sure he/she will obey all library rules.

My child has permission to use the internet: Yes \_\_\_\_\_ No \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Please print Parent/Guardian Name: \_\_\_\_\_