

# YOUNGSTOWN FREE LIBRARY

## LIBRARY CARD APPLICATION

Your library card can be used at all the libraries in Niagara, Orleans & Genesee counties.  
It also provides access to the digital library collection.

Name: \_\_\_\_\_  
(Last) (First)

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Month) (Day) (Year)

Gender Identification:     
Female Male Gender-neutral

Address: \_\_\_\_\_  
(Street address)

\_\_\_\_\_  
(City) (State) (Zip Code)

Home phone/cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

Check here if you would like to be emailed the library's e-newsletter (delivered 1-2 times per month).

If applicant is under eighteen, we will require a parent or guardian to take legal and financial responsibility for the use of this library card.

Parent/Guardian's Name (printed):  
\_\_\_\_\_

Parent/Guardian's Signature:  
\_\_\_\_\_

Date: \_\_\_\_\_

I agree to observe all rules established by the Youngstown Free Library and will be responsible for all materials borrowed on my card. I also agree to pay fines or other charges imposed for late return, loss or mutilation of library materials. I will notify the library if my card is lost, or if I change my address or name. I understand I must have my card in my possession in order to borrow library materials.

Signature:  
\_\_\_\_\_

Date: \_\_\_\_\_

I have read the rules for using the computers and the Internet at the Youngstown Free Library and I agree to follow them. I understand that if I do anything inconsistent with the rules, I will lose all privileges for the use of the computers and Internet.

Signature:  
\_\_\_\_\_

Date: \_\_\_\_\_