George F. Johnson Memorial Library

Adult / Juvenile Library Card Application

Name: *Mr. Mrs. Miss Ms. (please circle one)*

_____

Last First Middle Initial

Residence/Address _____

Street Apt. #

_____

City State Zip County

Telephone _____ **Date of Birth** _____

Please circle one: PIN#_____

Town of Union **Village of Endicott** **Other**

_____

New York State Civil Practice Law & Rules, Statute Number 4509: "Librarians must protect each user's right to privacy with respect to information sought or received and materials consulted, borrowed or acquired."

Interpretation: No library user may access the computer record of another library user without the other library user's valid Four County library card in their possession.

I apply for the right to use the library. I agree to comply with all its rules and regulations and give immediate notice of any change of address.

Signature _____

Juvenile Application

I apply for the right of my child to use the library. I agree to comply with all its rules and regulations and to give immediate notice of any change of address.

Parent Signature _____

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For Desk Use Only

Type of ID _____ NYDL_____ Date _____

Library Card # _____ Employee Initials _____

Non Resident Fee Paid Y N