

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 \_\_\_\_\_  
PIN \_\_\_\_\_ (4-10 characters)

Can we have your current e-mail address to contact you? Yes \_\_\_\_\_ No \_\_\_\_\_

Please circle one:

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."

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 \_\_\_\_\_

\*\*\*\*\*

**For Desk Use Only**

Type of ID \_\_\_\_\_ Date \_\_\_\_\_

Library Card # \_\_\_\_\_ Employee Initials \_\_\_\_\_

Non Resident Fee Paid Y N

Rev 01/16