

Seward Memorial Library Card Application Form

Please **print** legibly. All personal information is considered confidential.

Last Name: _____ First name: _____

Names of children under 8 years old: _____

Street Address: _____

PO Box (if applicable): _____ City: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Employment: _____ Work Phone: (____) _____

Email address: _____

If you would like to save your checkout history for longer than the standard 30 days please select an option below.

☐ 2 months ☐ 1 year ☐ 2 years ☐ 6 months ☐ 5 years ☐ Keep All

I would like to be notified when: Method (Choose one):

☐ Reserved items are available ☐ text ☐ email ☐ phone

☐ Items will be due in 3 days ☐ text ☐ email

☐ Items are 3 days overdue ☐ text ☐ email (Mailed notices are posted when items are 7+ days overdue)

☐ Yes, I would like to receive Seward Memorial Library News

I agree to comply with the policies of the Seward Memorial Library available at **www.sewardlibrary.org**.

Signature of Applicant

Date

Reference Information

You must list a reference who does not live with you, who will only be contacted if the library staff cannot reach you. This person (preferably a relative) should know your current contact information, but does not have to live in Seward.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Youth Accounts

If the primary account holder is 8-15 years old, a Parent or Guardian signature is required. My child has permission to apply for a (check one) ☐ **individual card** ☐ **child card** in his/her own name.

I understand that an individual card means that information about titles checked out **cannot** be shared with any other individual per state statute and library policy.

Parent's Signature

Date

Non-Resident Property Owner

If you live outside the city limits of Seward but you own property within city limits, you must fill out the information below in order to receive a free Seward Memorial Library card. Staff may verify this information as time allows.

Location of property

Date of Ownership

OFFICE USE ONLY

- | | |
|---|---|
| <input type="checkbox"/> Resident Individual | <input type="checkbox"/> Non-Res./Property Owner |
| <input type="checkbox"/> Resident Child | <input type="checkbox"/> Courtesy (65+ Seward Co. Only) |
| <input type="checkbox"/> 6 mo. Non-Resident Indiv. | <input type="checkbox"/> Delivery |
| <input type="checkbox"/> 12 mo. Non-Resident Indiv. | <input type="checkbox"/> Temporary |
| <input type="checkbox"/> 6 mo. Non-Resident Child | <input type="checkbox"/> Visitor (NebrasKard) |
| <input type="checkbox"/> 12 mo. Non-Resident Child | |

☐ New Patron

Library Number: _____ Exp. Date: _____

(all linked Non-Res accounts must have same exp.)

Linked To: _____

Staff Approval: _____

CASH: _____ CHECK# _____ PP _____

LAST 4 DIGITS OF CARD

1/2022