



Pasquotank County Library

Library Card #

29488

Library Card Application

Staff initials

PLEASE PRINT

Name: _____

Last

First

Middle

Date of Birth: ____/____/____

Home Address: _____

Apt #

City/State/Zip Code: _____

Primary Phone Number: _____ Secondary Phone Number: _____

Email Address: _____ Cell Phone Carrier: _____

Gender: Male Female Other

How would you like to receive notices from the library relating to your account? Email Phone

For Parents/guardians to complete if applying for a child under the age of 18 (must also complete above)

PLEASE PRINT

Child's Name: _____

Last

First

Middle

Parent/Guardian: _____

Last

First

Middle

Home Address: _____

Apt #

City/State/Zip Code: _____

Primary Phone Number: _____ Date of Birth: ____/____/____

Gender: Male Female Other

29488

Parent's Printed Name: _____

Library Card #

ACCEPTANCE OF RESPONSIBILITY: I verify that this information is correct and I assume financial responsibility for materials borrowed or charges incurred on any card issued from this application. Please bring proper ID and current address confirmation with you when you apply for a library card(s). I understand that I am the only person permitted to use this library card.

Applicant Signature: _____ Date _____