

LIBRARY CARD APPLICATION: ADULT CHILD YOUTH (Ages 14-17) NON-RESIDENT

PLEASE PRINT:

LAST NAME			FIRST NAME			MIDDLE NAME			SEX M/F		
MAILING ADDRESS: STREET NUMBER/STREET NAME/APT./UNIT NO. / RURAL MAILING ADDRESS									CITY		
POSTAL CODE			Birth Date: <input type="text"/> / <input type="text"/> / <input type="text"/>			SCHOOL (IF APPLICABLE)			GRADE		
AREA CODE HOME PHONE NUMBER			AREA CODE WORK PHONE NUMBER			E-MAIL ADDRESS					

PARENT OR GUARDIAN: Restriction of your child's use of the Library, including our physical resources, digital resources, computers and wireless access to the Internet, is your responsibility. Children under the age of fourteen (14) require your signature to allow them borrowing privileges for all library materials, including print, media, and digital downloads. If you wish to restrict your child's use of the Library, **DO NOT** sign this form and instead accompany your child to the Library, monitor the child's use of our resources and borrow material with your library card. For more information, please refer to the Library's *Access to Materials Policy* and *Computer Use Policy*.

PARENT/GUARDIAN LAST NAME			FIRST NAME			MIDDLE NAME		
---------------------------	--	--	------------	--	--	-------------	--	--

DRIVER'S LICENCE			OTHER ID		
------------------	--	--	----------	--	--

I, the undersigned, understand that I am responsible for all loss or damage incurred through the use of the library card issued as a result of this application and agree to obey all rules and regulations of the Hamilton Public Library. I understand this card is not transferable and that I specifically may not use a child's card for my personal use.

PARENT/GUARDIAN/APPLICANT'S SIGNATURE						DATE					
---------------------------------------	--	--	--	--	--	------	--	--	--	--	--

Personal information contained on this form is collected under the authority of the Freedom of Information and Protection of Privacy Act, 1990, MFIPPA/Regulations.29. The information collected will be used in the process of the library's business, which may include fines, holds, overdue notices, fundraising and program information. Questions regarding the collection of this information and/or Freedom of Information Requests should be mailed to: Customer Service, Hamilton Public Library, P.O. Box 2700, Hamilton, ON L8N 4E4.

 LIBRARY CARD APPLICATION: ADULT CHILD YOUTH (Ages 14-17) NON-RESIDENT

PLEASE PRINT:

LAST NAME			FIRST NAME			MIDDLE NAME			SEX M/F		
MAILING ADDRESS: STREET NUMBER/STREET NAME/APT./UNIT NO. / RURAL MAILING ADDRESS									CITY		
POSTAL CODE			Birth Date: <input type="text"/> / <input type="text"/> / <input type="text"/>			SCHOOL (IF APPLICABLE)			GRADE		
AREA CODE HOME PHONE NUMBER			AREA CODE WORK PHONE NUMBER			E-MAIL ADDRESS					

PARENT OR GUARDIAN: Restriction of your child's use of the Library, including our physical resources, digital resources, computers and wireless access to the Internet, is your responsibility. Children under the age of fourteen (14) require your signature to allow them borrowing privileges for all library materials, including print, media, and digital downloads. If you wish to restrict your child's use of the Library, **DO NOT** sign this form and instead accompany your child to the Library, monitor the child's use of our resources and borrow material with your library card. For more information, please refer to the Library's *Access to Materials Policy* and *Computer Use Policy*.

PARENT/GUARDIAN LAST NAME			FIRST NAME			MIDDLE NAME		
---------------------------	--	--	------------	--	--	-------------	--	--

DRIVER'S LICENCE			OTHER ID		
------------------	--	--	----------	--	--

I, the undersigned, understand that I am responsible for all loss or damage incurred through the use of the library card issued as a result of this application and agree to obey all rules and regulations of the Hamilton Public Library. I understand this card is not transferable and that I specifically may not use a child's card for my personal use.

PARENT/GUARDIAN/APPLICANT'S SIGNATURE						DATE					
---------------------------------------	--	--	--	--	--	------	--	--	--	--	--

Personal information contained on this form is collected under the authority of the Freedom of Information and Protection of Privacy Act, 1990, MFIPPA/Regulations.29. The information collected will be used in the process of the library's business, which may include fines, holds, overdue notices, fundraising and program information. Questions regarding the collection of this information and/or Freedom of Information Requests should be mailed to: Customer Service, Hamilton Public Library, P.O. Box 2700, Hamilton, ON L8N 4E4.