

APPLICATION FOR RICHLAND HILLS PUBLIC LIBRARY CARD

PLEASE PRINT.

DATE: _____

Last Name _____ First Name _____ MI _____

DOB ____/____/____ Male Female TX Drivers License # _____
mo. day yr. State ID Number # _____

Home Address _____ Apt. # _____

City _____ State _____ Zip Code _____

PO Box _____ City, State, Zip _____
(if applicable)

Phone Number _____ Phone Carrier _____

E-mail : _____

Preferred means of Notification: E-mail Post Phone Call or Text

Mailing address if different from above:

Address _____ Apt. # _____

City _____ State _____ Zip Code _____

In consideration for the privileges associated with membership to the Richland Hills Public Library, I hereby agree to:

- Accept responsibility for any use of my library card
- Follow all library policies and procedures-which I acknowledge I have received
- Present the library card for all account transactions
- Pay all fees and fines according to the most recent library statement of fees and fines
- Report if my library card is lost or stolen
- Report any change of address, name, or phone number.

Do you want to check out movies? Yes No

Do you want internet privileges? Yes No

Do you want to receive eReceipts? Yes No Text E-mail Both

APPLICANT'S SIGNATURE _____

_____ I have received and agree to follow the Richland Hills Public Library Circulation Policies.

Initial

FOR MINORS

Check if card is for Minor (under 18 years old) and continue completing form:

Parent/Legal Guardian (Please print) _____

Parent/Legal Guardian Signature _____