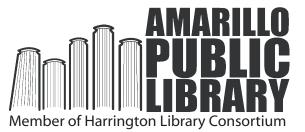
P O BOX 2171 AMARILLO, TX 79105-2171 www.amarillolibrary.org



LIBRARY CARD APPLICATION

To be eligible for a card, you must be a resident or own property or a business within the city limits of Amarillo. Written verification of a CURRENT local address is required. Students under 16 must have the responsibility statement below signed by parent or guardian, who must supply the verification.

Please print. Begin printing in first box to the left. Use one box for each letter and space.

| 1. First Name (only) | | | | | | | | | | | |
|-------------------------|--|--|--|--|--|--|--|--|--|--|--|
| 2. Middle Name | | | | | | | | | | | |
| 3. Last Name | | | | | | | | | | | |
| 4. Street Address | 5. Apartment | | | | | | | | | | |
| | | | | | | | | | | | |
| 6. City | 7. State 8. ZIP | | | | | | | | | | |
| | | | | | | | | | | | |
| 9. Area Code Home Phone | 10. Driver's License or ID # | | | | | | | | | | |
| | | | | | | | | | | | |
| 11. Date of Birth | | | | | | | | | | | |
| Month Day Year | *There is a \$1.00 replacement fee for lost cards. | | | | | | | | | | |

I agree to observe all rules established by the Amarillo Public Library and the Harrington Library Consortium and will be responsible for all materials borrowed on my card. I also agree to pay any fines or other charges imposed for late return, loss, or mutilation of library materials.

Signature_____

Date_____

| For Children Under Sixteen | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|----------|--|--|----------|----------|----------|----------|--|----------|----------|----------|--|--|--|--|----------|---|---|-----|
| | | | | | | | | | | | | | | | | | | | | | |
| CARE OF: (Parent, Guardian, Institution, or Agency) | | | | | | | | | | | | | | | | | | | | | |
| | T | T | <u> </u> | | | <u> </u> | <u> </u> | <u> </u> | <u> </u> | | <u> </u> | <u> </u> | <u> </u> | | | | | <u> </u> | Г | 1 | 1 I |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| I will be responsible for all items borrowed on my child's card. | | | | | | | | | | | | | | | | | | | | | |
| Parent/Guardian's Signature Date | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| Please provide the following information if you live outside Amarillo city limits, but own property or a business in Amarillo. | | | | | | | | | | | illo | | | | | | | | | | |
| riease provide the following information if you live outside Affahilo city liftits, but own property of a busiliess in Affahilo. | | | | | | | | | | | | | | | | | | | | | |
| Business Phone Number: | | | | | | | | | | | | | | | | | | | | | |
| Address of property or business in Amarillo | | | | | | | | | | | | ZIP | | | | | | | | | |