



LIBRARY CARD APPLICATION FORM

Form 6/24/2019

Watonwan County/St. James Library
125 5th Street South
St. James, MN 56081
507-375-1278

A member of Traverse des Sioux Library System (TdS)

All information on this form is private data and may not be disclosed for other than library purposes except pursuant to a court order. Minnesota Statutes, Section 13.40, Subdivision 2.

Applicant's Date of Birth ____ / ____ / ____

Last Name _____

First Name _____

Middle Initial _____

Nickname or other names (i.e. maiden name) _____

Local Address: Street/Box # / Apt # _____

Must provide Proof of Address & ID City _____ County _____

State _____ Township _____

(Only if living outside city limits)

Zip Code _____

Home Phone _____ - _____ - _____ Work Phone _____ - _____ - _____

Cell Phone _____ - _____ - _____

(As needed: Other Address--Work/Permanent/Guardian) _____

If you wish to receive notices via email, please provide your e-mail address below:

E-mail Address _____

I promise to comply with all library rules, to promptly pay fines or damages charged to me, and to give immediate notice of change in my address. I understand that all information included on this form will be shared with other TdS libraries.

Signature of applicant _____

(Signature of parent or guardian if applicant is under 18 years of age) _____

(Printed name of parent or guardian) _____

LIBRARY USE ONLY

PICTURE ID: state:

Number:

ID 20615 _____

Temp ID _____ - _____ - _____

Other ID _____ - _____ - _____

User Cat 1 _____ User Cat 2 _____ Date Entered _____

Last Name

First Name

MI