



# Barberton Public Library Access Card Application

602 W. Park Ave., Barberton, OH 44203

www.barbertonlibrary.org

330-745-1194



**Name: Required. Please print.**

Last Name	First Name	Preferred Name	Middle
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**Contact Information: \*Applicant must provide at least one. Please print.**

Home Address (No P.O. Boxes) *	Apt. #
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City	State	ZIP
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Phone *	Email *
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**Additional Information: Date of birth is required. Please print.**

Date of Birth (MM/DD/YYYY)	Ohio ID # (if applicable)
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**Communication Preferences: Please select one per question.**

I would like to receive courtesy notices via:    Phone    Email    Text

I would like to receive overdue notices via:    Mail    Email

**Cardholder Agreement & Signature**

I agree to observe all rules established by the Library, and will be responsible for all materials borrowed on my card and any charges incurred on my card. I will notify the Library immediately if my library card is lost or stolen, or if any of this information changes. I understand that I am accepting financial responsibility for the cost of materials borrowed on my card. I understand that the Library is only collecting personal information that is required to obtain a library card and that such information is accessible by all CLEVNET member libraries.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Library Use: Please Do Not Write Below This Line**

Card Number:            24019 \_\_\_\_\_

Expiration Date:        \_\_\_\_\_

Staff:                    \_\_\_\_\_