

AUBURN PUBLIC LIBRARY

LIBRARY CARD APPLICATION

Name: _____
Last First MI

Preferred Name: _____

Mailing Address: _____

City State Zip Code

Phone One: _____ Home /Work/ Cell

Phone Two: _____ Home /Work/ Cell

Email Address: _____

Birthdate: ____/____/____
MM DD YYYY

Notification Preference: ☐ Phone Call ☐ Email

Authorized User(s): _____

A borrower's card entitles the registrant to borrow materials from the Auburn Public Library. The undersigned agrees to:

- Present the card when material is borrowed
- Be responsible for all materials borrowed on this card and to reimburse the library for lost or damaged materials
- Return library materials when due, or pay fines as required for materials returned overdue
- Recognize that the library retains the right to suspend borrowing privileges
- Notify the library promptly of a change of address.
- Follow the rules and policies of Auburn Public Library & Lewiston Public Library

I understand and accept the responsibilities outlined above.

Signature: _____ Parent or Guardian: _____
(of applicant, or of parent if applicant is under 18) Please Print

Date: _____

I would like to receive occasional updates about how I can support the Auburn Public Library through donations, fundraising events, or volunteer opportunities.

☐ Yes, please send me fundraising and support opportunities ☐ No, thank you

Staff Use Only Below This Line

Pcode: **L** Adult **N** Nonresident **X** Teacher Nonresident
J Juvenile **Z** Taxpayer **W** Employee Nonresident
S Staff **Y** Temporary **I** Institution

Pcode4 Auburn 1003 Minot 1015
Lewiston 1007 Other

Entered By: _____

Library Card Number: _____



Auburn Public Library
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(207) 333-6640
www.auburnpubliclibrary.org