



MEAD LIBRARY

Account number
(staff will complete this section)
 AD YA JV

Mead Public Library — Teacher Card Application

Please print clearly.

Today's date: _____ / _____ / _____

Name: _____
(Last) (First) (Middle)

Date of birth: _____ / _____ / _____

Gender: Male Female N/A

School: _____ Grade: _____

Street address: _____

City: _____ State: _____ Zip: _____

Mailing address (if different from above): _____

Phone: _____ / _____ / _____ Provider (required for cell phones): _____

Email: _____

How would you like to receive notifications about your account?

Email Text message Phone call

Continued on back

BORROWER AGREEMENT – PLEASE READ CAREFULLY BEFORE SIGNING

I certify that the information on this form is accurate. I will abide by Mead Public Library’s “Cardholder Rules.”

I accept responsibility for all use of my teacher card and all charges on my account, including damage fees and payment for loss of library materials, and I will **immediately report a lost or stolen card.**

Your signature: _____ **Date:** _____

Office use only:

Photo ID Address Signed card Pamphlet Stat class Staff initials: _____