



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)

Home address (please do not list school address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing address (if different from above): \_\_\_\_\_

Phone: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Provider (required for cell phones): \_\_\_\_\_

Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Gender:  Male  Female  N/A

School: \_\_\_\_\_ Grade: \_\_\_\_\_

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: \_\_\_\_\_