



**PINES Library Card Application**

**Library Use Only**

Barcode: \_\_\_\_\_  
Date Entered: \_\_\_\_\_  
Staff Name: \_\_\_\_\_

*This information will be used for library purpose only and is considered confidential as specified by Georgia Code 24-9-46.*

**Applicant Information**

**Full Name:** \_\_\_\_\_  
*Last First Middle*

**Mailing Address:** \_\_\_\_\_  
*Street Address Apartment/Unit#*

\_\_\_\_\_ *City State Zip County*

Within City Limits? Y / N

**Physical Address:**  
*(if different from mailing address)*

\_\_\_\_\_ *Street Address Apartment/Unit#*

\_\_\_\_\_ *City State Zip County*

Within City Limits? Y / N

**Identification:** \_\_\_\_\_ *Driver's License / Other* **Date of Birth:** \_\_\_\_\_  
*Number Type*

**Contact Information**

**Main Phone:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Primary Language:** English / Spanish / Other: \_\_\_\_\_

**How would you like to receive notifications when holds are available for pickup?**

Phone  
 Email  
 Text (SMS)  
 Number: \_\_\_\_\_  
 Carrier: \_\_\_\_\_

**Voter Registration**

**Would you like to register to vote?**

Yes, please send me a voter registration form  
 No, I am already registered to vote  
 No, thank you

**Authorization**

- I apply for the right to use the Library, agree to comply with all its rules and regulations, and give immediate notice of any change of address.
- I accept financial responsibility for all fines and/or damages to all Library materials, audiovisual materials and equipment beyond normal wear and tear, which is lost or damaged beyond use while checked out on my card. Under Georgia Code (OCGA Annotated Rev. 1985 20-5-53), failure to return items borrowed from a public library is considered a misdemeanor.
- If this card is for a juvenile: As the parent or guardian of a child under 18 years, I am willing to allow him/her to borrow materials from the Public Library. I will take responsibility and make good any charges or loss to library materials and pay any fine justly charged.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Print, sign, and bring this application in to your nearest PINES library along with your identification / proof of address. If you are unable due to physical disabilities to visit the library in person, you may mail this completed form along with a photocopy of your identification / proof of address to your nearest PINES library. A directory of PINES libraries is available at <https://pines.georgialibraries.org/pinesLocator/>