



PINES Library Card Application

Library Use Only	
Barcode:	_____
Date Entered:	_____ Staff: _____

This information is for library use only and is considered confidential as specified by Georgia Code 24-9-46.

Applicant Information

Full Name: _____
Last First Middle DOB

Preferred Name: _____
(if different) Last First Middle

Mailing Address: _____
Street Address Apartment/Unit#

City State Zip County

Within City Limits? Yes: ___ No: ___

Physical Address: _____
(if different from mailing address) Street Address Apartment/Unit#

City State Zip County

Within City Limits? Yes: ___ No: ___

Identification: _____ **Type of ID:** ___ Driver's License

Number Other (describe):

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?
(Select as many options as you like. Please note that not all mobile service providers provide SMS messaging services.)

___ Phone
 ___ Email
 ___ Text Message (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/>