



## Library Card Application

Library cards are issued free to residents of the Des Moines metropolitan area. The Public Library of Des Moines participates in the State of Iowa Open Access Program, which may allow free cards to residents of other communities. Call us at 515-283-4152 for more information.

To obtain a card, fill in the form below (you can type the information on a computer and print out the form) and bring into one of our library locations. Children must be at least 5 years old and children under age 12 must be accompanied by a parent or guardian. **To safeguard patron privacy, we require proof of current name and address and a photo I.D.**

*Please Print*

|   |   |  |
|---|---|--|
| Last Name:  |   |  |
| First Name:   |   | Initial:   |
| Street Address:   |   | Apt.   |
|   |   | Lot:   |
| City:   | State:  | Zip:   |
| Birth Date:   | Gender: <input type="checkbox"/> Male               | <input type="checkbox"/> Female <input type="checkbox"/> Other |
| Contact Phone:  | Other Phone:  |  |
| Email address:  |   |  |
| Parent/Guardian (if under 18)   |   |  |
| Driver's License Number:  | PIN# _____ (Select a 4 digit PIN number)            |  |
| When we need to contact you for holds or overdues, how do you prefer to be contacted? (Check One) |   |  |
| <input type="checkbox"/> By email (fastest)   | <input type="checkbox"/> By text message (next day) | <input type="checkbox"/> By phone (next day)                   |

The person whose signature appears below or his/her parent/guardian is responsible for all materials borrowed on this card. **This card is not transferable.**

|                    |                                    |   |
|--------------------|------------------------------------|---|
| <b>I agree to:</b> | Return all items on time           | Report loss or theft of my card promptly  |
|                    | Pay all fines or fees              | Report change of name or address promptly |
|                    | Follow the policies of the library |   |
| <b>Signature</b>   |                                    |   |

**I authorize and assume responsibility for**

|   |                              |                             |
|---|------------------------------|-----------------------------|
| my child under age 18 to borrow any library videos/DVDs | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| my child under age 12 to borrow more than five items    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

|                                   |  |
|-----------------------------------|--|
| <b>Signature, Parent/Guardian</b> |  |
|-----------------------------------|--|