

Southworth Library Card Application date: _____

Last Name: _____ **First Name:** _____ **M.I.** ____

Street Address: _____

City: _____ **County:** _____ **Zip Code:** _____

Phone # with area code: _____ **cell # :** _____

Birthdate: (MM/DD/YYYY): _____ **School District:** _____

Email Address: _____

Do you have other Fingerlakes Library System cards? (Y/N) Library: _____

This application assumes the owner responsibility to abide by library rules and materials.

Signature: _____

If this card is for someone under 18 years old, parental permission is required with the understanding that the parent or guardian (below) is ultimately responsible for items checked out and financial obligations.

Name (print) : _____ **sign:** _____

Raltionship to minor: _____ **phone/email:** _____