



Library card
Application

Pasquotank-Camden
Library

PLEASE PRINT

Last Name: _____ First: _____ Middle: _____

Mailing Address: _____

City/State/Zip Code: _____

Home Phone: (____) ____ - _____ Cell Phone: (____) ____ - _____

Email address: _____

Would you like to receive library newsletters and updates by email? YES NO

Employer: _____ Phone Number: _____

Name of School if applicable: _____

(Birth date information is used to distinguish your account from other patron accounts, especially from those with similar names.) Date of Birth: _____ / _____ / _____
(please use numbers) Month Day Year

PLEASE READ BEFORE SIGNING: I verify that this information is correct and I assume financial responsibility for materials borrowed or charges incurred on any card issued from this application. Please bring proper picture id and current address confirmation with you when you apply for the library card.

Signature _____

Date _____

Staff Use Only:

Barcode: _____ Pin #: _____

Alternate ID/BKM if applicable: _____ A YA Female Male

ID #: _____ Date Entered: _____

STAFF: Please Initial & Date: _____