



Albert Lea Public Library

Adult Library Card Application

A current photo ID is required for all registrations. If applicants do not have a current photo ID, they may present an expired photo ID and proof of address in Freeborn County.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Preferred Method of Contact (check one):  Email  Text Message  Phone Call

Check here to subscribe to our monthly email newsletter

I agree to abide by Library rules, to pay for any loss of or damage of Library materials and to pay for overdue fines accumulated on this card. I understand I am responsible for notifying the Library in case of loss or theft of this card. Failure to do so will result in my being held liable for materials and fines incurred on this card. I will inform the Library of any change in the above information.

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

Staff Use Only

Driver's License/ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Card Number: \_\_\_\_\_ PIN: \_\_\_\_\_

Existing Card in System (circle one): Y/N Check Proof Address (circle one): Y/N Staff Initials: \_\_\_\_\_