



atlanta-fulton public library system

*Take your dreams off the shelf.™*

## Atlanta-Fulton Public Library System Library Card Application for Adults

Please use this form if you are over thirteen years old. We have a special form for people under thirteen.

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_  
(Optional - It helps us find your record if you lose your library card)

Overseas Account \_\_\_\_\_

Home Telephone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Address where you live now:

Street \_\_\_\_\_ Apartment Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Email Address: \_\_\_\_\_

Should we contact you by  phone or  email?  
(Please specify one)

**Applicant:** I agree to observe all rules established by the library and will be responsible for all materials borrowed on my card. I also agree to pay any fees and other charges imposed for late returns, lost or damaged materials.

I Agree

I Disagree

You should receive your card in one to two weeks. In a hurry? Fill out and print this application, then take it to your local branch with ID (details on web page). You will receive a card immediately.

-----  
---For Staff Use Only---

Library card # D0 \_\_\_\_\_

Staff Initials: \_\_\_\_\_