



CABELL COUNTY  
PUBLIC LIBRARY

# LIBRARY CARD APPLICATION

304-528-5700 Tel.

304-528-5866 Fax

[circulation@cabellcountylib.org](mailto:circulation@cabellcountylib.org)

FULL LEGAL NAME: \_\_\_\_\_

1. CURRENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

SOCIAL SECURITY #(OPTIONAL): \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

DRIVERS LICENSE #/STATE: \_\_\_\_\_

2. SECONDARY ADDRESS (OPTIONAL): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

*I accept full responsibility for all use made of my library card and will immediately report loss, theft, or unauthorized use of my library card to the library. I understand that the library will pursue all legal means available to reclaim unreturned materials.*

PATRON SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Or parent's/guardian's signature if applicant is under 12 years of age)

PARENT'S/GUARDIAN'S NAME (print) \_\_\_\_\_

## FRIENDS OF THE LIBRARY

The Friends of the Cabell County Public Library provides support for the programs, special activities, and staff of the Cabell County Public Library. The Friends work to raise awareness of the valuable services provided by the Library to the community. There is a modest membership fee.

Are you interested in becoming a member of the Friends of the Library?      Yes      No

Would you like to receive updates about library programs and services?      Yes      No

### FOR STAFF USE ONLY

USER PROFILE: \_\_\_\_\_ STAFF INITIALS: \_\_\_\_\_

PIN #: \_\_\_\_\_ PATRON BARCODE #: \_\_\_\_\_

LIBRARY LOCATION: \_\_\_\_\_

SCAN FOR  
OUR WEBSITE

