

T.B. Scott Free Library – Merrill, WI 54452  
**APPLICATION FOR ADULT LIBRARY CARD**  
This form is for applicants 18 years of age and older.

**PLEASE PRINT:**

Name \_\_\_\_\_ Date \_\_\_\_\_  
(last) (first) (middle initial)

Date of Birth \_\_\_\_\_ Circle one : M F

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

County and Township \_\_\_\_\_  
(county) (township)

Drivers License Number \_\_\_\_\_

I apply for the right to use the library. I agree to comply with all library rules and regulations.

\_\_\_\_\_  
**Signature-Sign full name**

Previous or Other Last Name \_\_\_\_\_

Staff Initials \_\_\_\_\_  
PIN \_\_\_\_\_

AUTHORIZATION FOR EMAIL NOTIFICATION

Staff \_\_\_\_\_

\_\_\_\_\_ Please notify me by email of my items on hold and overdue items

\_\_\_\_\_ Please send me Library news by email when available

Name: \_\_\_\_\_

Library Card # \_\_\_\_\_

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

**By signing, I understand that I will NO LONGER receive any notification by mail.**

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

Parent Signature if under 18: \_\_\_\_\_