

Date: _____

Name: _____



KERSHAW
COUNTY
LIBRARY

Mailing Address: _____

Street Address: _____

(If different from Mailing Address)

City: _____ State: _____ Zip: _____ County: _____

Birthdate: ___/___/___ Daytime Phone: (____)_____ Evening Phone: (____)_____

Cell Phone: (____)_____ Cell Phone Carrier or Company: _____

(Example: AT&T, Sprint, Verizon)

Email: _____

Email and text notifications are sent as a courtesy. The library cannot be responsible for the inability to deliver mail based on your carrier or email provider. The library system is not responsible for any charges from your cell phone carrier.

Please check all that apply:

- I would like to receive email alerts about library events and services.
- I would like to receive **email** notifications about materials on my SC Lends account.
- I would like **text** notifications about materials on my SC Lends account.
- I would like to receive notifications by **phone** at: _(____)_____

Cardholder Responsibilities:

- I understand that I will be charged for late, damaged, and/or lost materials on my account.
- I understand that I must present my library card or state-issued ID every time I borrow materials.
- I will report a lost or stolen card immediately, and understand that I am responsible for any unauthorized use until the loss is reported to the library.
- I will pay for the replacement of my lost library card.
- I will report address changes promptly.

Parent signature required if under the age of 18.

Signature: _____

Print name: _____

STAFF ONLY BELOW THIS POINT

BARCODE #: _____	<input type="checkbox"/> CHECKED PATRON ID	STAFF INITIALS: _____
<input type="checkbox"/> ADDRESS VERIFICATION	<input type="checkbox"/> NON-RESIDENT FEE PAID	<small>2018kcl/clw</small>