## L. E. Smoot Memorial Library

## **Non-Resident Library Card Application**

Out-of-county cards are \$25 per year

smoot.org

	Photo identification is required. All i	nformation is con	fidential.
Last Name	First Name		Middle Name/Initial
	Street address or	PO Box	
	City	State	Zip Code
Area Code	Home Phone Number	Area Code	Cell Phone Number
	Email Addre	ess	
County of Residence I am a King George Educator			Notifications by: (check only one)
			Email
			Text
			Wireless Provider:
Please create a four digit PIN (numbers only)			
Complete if 17 years o	or younger.		
Age: 0-11	12-17 Birthdate	://_ Month Day	Year
Parent/Guardian Name	:Please print		
	ll library rules and to accept responsibility		porrowed or services used.
understand that all libr	ne only person authorized to use my libra gary materials, including books, audiovisu sers. I understand that I am responsible fo	al items, electronic	
understand that my lib	rary card will expire one (1) year from to	day's date.	
ignature of applicant	applicant 17 years or younger	D	ate:
r parent/guardian if a	applicant 17 years or younger		

## **Library Card Renewals**

This side of the form may be used **ONLY** when there are no changes to the patron account. Changes to account information require a new library card application.

Renewal Date:	New Expiration Date:		
Amount paid:	Staff Initials:		
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	Staff Initials:		
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