



ROSEBURG PUBLIC LIBRARY

1409 NE Diamond Lake Blvd., Suite 100 | Roseburg, OR 97470

LIBRARY CARD APPLICATION

Name _____
Last First

Residence Address _____
Address Apartment #

City State Zip

Mailing Address (if different from above) _____
Address Apartment #

City State Zip

Phone _____ Notification Preference Text Email

Email _____

Please read before signing: Birthdate _____

- I verify that the above information is correct. Month/Day/Year
- I assume financial responsibility for materials borrowed or charges incurred on my library card and understand that this card is not transferable.
- I will immediately notify the library if my card is lost or stolen. If the library does not receive notification, I understand that I am responsible for any material borrowed on the card. I will also promptly notify the library of a change of address, email address, or telephone number.
- In using email notification, I will add the library email address (library@cityofroseburg.org) to my email address book and will monitor my spam/junk files.

Signed _____ Date _____

Those under 18 years of age must have parent or legal guardian sign the registration form, and to assume the legal responsibility for materials borrowed from the library.

Print Name of Parent/Legal Guardian (if under 18) _____

Signature of Parent or Legal Guardian _____ Date _____

STAFF USE ONLY

Card Number _____ Staff Initials _____ Date _____

- Resident Non-resident annual Non-resident quarterly Transitional Student
- Teacher card
 Sponsorship