

Library Card Application

barcode

Welcome to the Stratford Public Library! SPL library cards are available free for anyone who lives, works, attends school, or pays property tax in Perth County. Your card can be used at any public library in Perth County. Please return this completed, signed application to an Information Desk at SPL and bring a piece of ID with you.

FOR ALL APPLICANTS

Last Name _____ Middle Initial _____

First Name _____ Date of Birth (DD/MM/YYYY) _____

Legal Name (if different) _____

Phone home _____ cell _____ work _____

Permanent Street Address _____ Apt # / 911# _____

City _____ Province _____ Postal Code _____

Local Address (if Permanent Address is outside of Perth County) _____

Email _____

How would you like to receive notices from the library relating to your account? Email Phone SMS (holds) (circle choice)

ACCEPTANCE OF RESPONSIBILITY

By submitting this application, I declare that all information provided is accurate. I accept responsibility for all use of the card, all library materials checked out on the card, and all charges made against it. If materials are not returned your account may be referred to a collection agency. I understand that use of my library card is non-transferable and in the event my card is lost or stolen, I will notify the Stratford Public Library immediately. I will observe the rules of the library.

Applicant Signature _____ Date _____

The information provided on this form is collected under the Authority of the Ontario Public Libraries Act, RSO 1990, and will be kept confidential. Form information use will be limited to library activities, including notices (holds, overdues, billing), program information and fundraising initiatives. Membership information may be shared with other Perth County Information Network staff and Unique Management Services.

FOR PARENTS / GUARDIANS TO COMPLETE, IF APPLICANT IS A CHILD AGES 12 AND UNDER

As a parent / guardian of this child, I understand that children have access to all library materials, including adult books, dvds and digital materials. I accept responsibility for all use of my child's card, all library materials checked out on the card, and all charges made against it.

Parent / Guardian Name (print) _____

Parent / Guardian Signature _____ Date _____

<input type="checkbox"/> CELA	<input type="checkbox"/> CELA Homebound	<input type="checkbox"/> Enhanced Access	<input type="checkbox"/> Educator	<input type="checkbox"/> Festival Staff	<input type="checkbox"/> Home Delivery
<input type="checkbox"/> Huron County	<input type="checkbox"/> Middlesex County	<input type="checkbox"/> Municipal Employee	<input type="checkbox"/> Non Res. Taxpayer	<input type="checkbox"/> North Perth	<input type="checkbox"/> Oxford County
<input type="checkbox"/> Perth East	<input type="checkbox"/> Perth South	<input type="checkbox"/> PLOW	<input type="checkbox"/> Public Internet	<input type="checkbox"/> Region of Waterloo	<input type="checkbox"/> Special Student
<input type="checkbox"/> St. Marys	<input type="checkbox"/> Stratford	<input type="checkbox"/> Transitional	<input type="checkbox"/> Visitor	<input type="checkbox"/> Wellington County	<input type="checkbox"/> West Perth



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