

# LIBRARY CARD APPLICATION

Please Print Clearly

Circle One: MR MS

Name \_\_\_\_\_  
Last First Middle

E-Mail \_\_\_\_\_

Phone Number \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address: (we may require a secondary address on the back of this form)

\_\_\_\_\_  
Street Address or PO Box Apt. No  
\_\_\_\_\_  
City State Zip Code + 4

I am responsible for items borrowed with this card, and for any fees I owe for overdue, lost or damaged library materials.

**I am responsible for returning items on time even if the library's e-mail reminders do not reach me.**

I will promptly report any changes in my phone number, e-mail and mailing addresses.

I will immediately notify the library if my card is lost or stolen; I understand there is a charge for card replacement.

\_\_\_\_\_  
Signature

Please send information about contributing to the Fairfax County Public Library Foundation.

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**LIBRARY USE ONLY**

Card Number: 22769 \_\_\_\_\_

Date \_\_\_\_\_

Entered by: \_\_\_\_\_  
Staff Initials

PATRON/CHILD:    LIVES    WORKS    OWNS\_PROP    SCHOOL  
*Mailing or Secondary Address must be located in Fairfax County*

Verified by: \_\_\_\_\_  
Staff Initials

RECIPROCAL/RECP-CHILD  
*Mailing or Secondary Address must be located in reciprocal jurisdiction*

NON-RESIDENT  
*Customer will be billed annually*

Secondary Address:

Street Address	Apt. No
City	State
	Zip Code + 4



Fairfax County Public Library  
12000 Government center Pkwy  
Suite 324  
Fairfax, VA 22035  
[www.fairfaxcounty.gov/library](http://www.fairfaxcounty.gov/library)



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Reasonable accommodations will be made upon request. Call 703-324-8380 or TTY 703-324-8365.

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