

Library Card Application

Cobb County Public Library System

Legal Name _____
First Preferred Middle Initial Last

Local Address _____
No. Street

City _____ County _____ State _____ Zip _____ Within City Limits? ☐ Yes ☐ No

Mailing Address _____
P.O. Box Number City State Zip

Phone (____) _____ Cell (____) _____ Work Phone (____) _____

Birth Date (under 18 required) _____ E-mail Address _____

Voter Registration: U.S. Citizens Only

If no indication is given, Declined will be recorded.

If you are not registered to vote, would you like to register to vote today?

- ☐ **Want To Register to Vote** [reg mm/dd/yy] ☐ **Do Not Want to Register to Vote** [decl mm/dd/yy]
☐ **Already Registered to Vote** [voter mm/dd/yy] ☐ **Will Take Form**, but Do Not Want to Register [form mm/dd/yy]

Internet Use By Minors: Parental approval required for minors under 17.

Many Internet sites have content that is inaccurate, offensive to some users, or inappropriate for viewing by minors. Parents are therefore strongly encouraged to supervise their children's use of the Internet. Library Internet filters greatly reduce such sites but cannot eliminate them completely.

I request that my child have:

- ☐ **No Internet Use** ☐ Use of **Filtered** Internet Computers

E-Mail Authorization:

If box is not checked, notice will be given via Telephone Message.

- ☐ **Yes** I authorize notification of the titles of library materials I have checked out or requested by e-mail.

I understand that e-mail is not totally secure. I will enable my *spam* blocker to receive e-mail from cobbcat.org and I will notify the library if I change my e-mail address.

E-Mail Notifications

- ☐ **Yes** I would like to receive periodic updates about Library services, programs and activities.
☐ **Yes** I would like to receive periodic updates about Library support groups.

ADA Homebound Card Registration:

- ☐ I am unable to visit CCPLS libraries because of age, illness or disability and would like to receive an **ADA Homebound Card**. The following person(s) can pick up or check out materials for me:

I agree to obey the rules and regulations of the Cobb County Public Library System. Failure to do so may result in loss of borrowing and/or Internet privileges. I accept responsibility for all items borrowed against my account and all fines and fees incurred. I must present my card or present acceptable identification to check out materials or use the Internet.

Signature of Applicant _____ Date _____

Signature of Parent _____ Printed Name _____ Date _____

- | | | | | | |
|--|---|--|--|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Resident | <input type="checkbox"/> Prop Owner | <input type="checkbox"/> School/Business | <input type="checkbox"/> ADA Homebound | <input type="checkbox"/> Adult | <input type="checkbox"/> Young Adult |
| <input type="checkbox"/> Non-Resident/\$25 | <input type="checkbox"/> Non-Resident/Emp | <input type="checkbox"/> Temp Card | | <input type="checkbox"/> Juvenile | |

Patron No: 2 300600 _____ Identification _____

Staff Name _____ Branch _____ Expires _____

Entry Date _____



Cobb County...Expect the Best!