



# Member Account Application

FOR STAFF USE:

Name: \_\_\_\_\_  
First MI Last

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY

Parent / Guardian Name: \_\_\_\_\_  
(if under 18 yrs old) First MI Last

Mailing Address: \_\_\_\_\_  
Street / PO Box # Apartment / Unit #

\_\_\_\_\_  
City State ZIP Code

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Other Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

How would you like to receive information concerning the following (please select one option for each):

Overdues:  Home phone  Cell phone  Other phone  
 Email  Text message

Reserves:  Home phone  Cell phone  Other phone  
 Email  Text message

Date Due Reminders & Auto-Renewals:  
 Email  Text message None

Last Name

First Name

MI

Member #

Today's Date

Staff Initials