



http://www.fcl.org/

# The Faulkner County Library System

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## APPLICATION FOR LIBRARY CARD

Proof of address must be presented along with a photo ID for library card processing. Children age thirteen and under MUST have the signature and proof of address of parent or guardian.

**THIS FORM MUST BE FILLED OUT COMPLETELY.  
PLEASE PRINT CLEARLY**

Have you EVER applied for a library card from the Faulkner County Library or ANY of its branches before? YES \_\_\_\_\_ NO \_\_\_\_\_ Verified by staff \_\_\_\_\_

Adult \_\_\_\_\_ Child (under 18) \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_

Circle One: Not Declared White African American Asian  
Hispanic American Indian/Alaskan Pacific Islander

Notification Preference (Please circle one): Email Mail

Birth Date (MM/DD/YR): \_\_\_\_\_

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone (if applicable) \_\_\_\_\_

Email \_\_\_\_\_

List below a friend, relative, or neighbor and their phone number. Number **MUST** be different than yours.

Reference Name \_\_\_\_\_

Reference Phone Number \_\_\_\_\_

Are you over the age of 18? Yes \_\_\_\_\_ No \_\_\_\_\_

IF OVER 18, WOULD YOU LIKE TO REGISTER TO VOTE? YES \_\_\_\_\_ NO \_\_\_\_\_

Name of parent or guardian (if under 13) \_\_\_\_\_

**I agree to be responsible for all items borrowed on this card.**

Your signature \_\_\_\_\_

**\*\*\* OFFICE USE ONLY-----DO NOT WRITE BELOW THIS LINE \*\*\***

Employee initials \_\_\_\_\_

Voter's Registration Yes \_\_\_\_\_ No \_\_\_\_\_

Patron Card Number \_\_\_\_\_

Date \_\_\_\_\_

Application entered \_\_\_\_\_

Library card issued \_\_\_\_\_

**Conway • Clinton • Greenbrier • Mayflower • Mt. Vernon • Twin Groves • Vilonia**