

## NON RESIDENT CARD APPLICATION



A library card will be issued to a La Grande non-residen	t,
when the following is presented in person:	

- A valid government-issued ID with current legal address
- The selected membership fee

ANNI	JΔI	MFM	BERSHIP	FFFS

☐ 1 Month Membership (12-item limit)......\$20.00
☐ 6 Month Membership .....\$30.00
☐ 1 Year Membership .....\$50.00

☐ 1 Year Household Membership (2 or more)......\$100.00

SECTION ONE: GENERAL INFORMATION					
NAME					
	(LAST)	(FIRS	Γ)	(MIDDLE INITIAL)	
Mailing					
address					
	(CITY)		(STATE)	(ZIP CODE)	
Physical					
address					
	(CITY)		(STATE)	(ZIP CODE)	
PHONE			BIRTHDATI	<b>:</b>	
				(This is used to access your online account and digital	
Personal Identifica	ition Number (PIN)			resources. Default is last four digits of phone number.)	
		(FOUR NU	MBERS)		
EMAIL ADDRESS					
By providing your email address you will receive courtesy notices before your items are due, overdue notices, and holds pick-up notices. You'll also receive the library's weekly eNewsletter.					
Would you like someone else to be able to pick up your holds? Please list names here.					
1.			2.		

## SECTION TWO: SIGNATURE

I hereby apply for the privilege, as a non-resident member, to check out materials from the Cook Memorial Library. I agree to comply with all library policies, pay for the loss or damage of materials charged to this card, and give immediate notice of an address change or the loss of my card. A fee will be charged to replace a lost card. I understand I am responsible for all materials checked out on this card and that my card and borrowing privileges are non-transferrable. Delinquent accounts may be referred to a collection agency.

Signature:	Date:
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FOR LIBRARY USE ONLY

ID Type & No	BARCODE:	DATE
		STAFF INITIALS