

Library Use Only Super Card Registration Form Record ID# | | | | | | |

□ Adult □ Minor □ Provisional □ Non-Resident

This information is confidential and will be used for library purposes only. Please fill out completely, and show photo identification and proof of current address. For minors under 18, parent/guardian and child must be present. Persons residing outside of the library district will be required to pay a non-resident fee.							
Last Name	First Name		Mid	_Middle InitialSuffix		□ Jr. □ Sr.	
Home AddressStreet					/_		
Street	Address	Apt/Unit#	Cit	y	State	Zip Code	
Mailing Address (if different from	n home address)				/		
PO Box or Street Address	5	Apt/Unit#	Cit	у	State /	Zip Code	
I live: inside city limits outside city limits Library Account Password 4-16 characters (letters and/or numbers –case sensitive.)							
Notification Options : □ Text Message □ E-mail Address □ Phone 1 2 3							
□ Check here if you wish to receive text message in addition to e-mail, or phone message. Text Text Text Phone: □ 1 □ 2 □ 3 □ 3			(If ch	Maintain Reading History? ☐ Yes ☐ No (If checked "yes," this info may be accessed by law enforcement personnel without your consent.)			
Carrier: 1 2 3(Complete only if Text is selected above.)			Inte	Internet Access: □ Full (Partially Filtered) □ Filtered □ No Internet			
Email Address							
Birth Date/ May others pickup holds for you? Yes No 1 If yes, please list up to two names 2							
Identification Number (Use parent or guardian's number if card holder is under 18 years of age). Number also used for collection purposes.							
Driver's License/Passportor Other Official ID							
Parent or Guardian's Name if card holder is under 18							
Parent or Guardian's address	Parent's PO Box or Street	Address Apt.	// /Unit #	City	Sta	te Zip Code	

PLEASE READ BEFORE SIGNING

CARD HOLDER MAY BORROW ANY CIRCULATING ITEM IN THE LIBRARY'S COLLECTION. LIBRARY MATERIALS ARE LENT FOR A SPECIFIC TIME AND ARE NOT FOR SALE.

I verify that the above information is correct. I agree to follow the circulation and Internet rules, regulations, and policies of the Yakima Valley Libraries and acknowledge receipt of a summary of such rules. I will pay all costs, fees, and fines for materials lost, damaged, or returned late, including costs and attorneys' fees incurred in recovery of materials or in collection. Fees paid for lost materials are non-refundable. I assume all financial responsibility for all materials and equipment borrowed on this card. If you lose your library card, please call your local library as soon as possible and inform the staff of the loss.

	/	/	/
Signature	Date	Signature of Parent or Guardian (If card holder under 18)	Date

Are you applying for a Super Card for your child/children?

Name of minor #1:	_ Birthday:/	/ Record ID#:
Notification Options: □ Text Message □ E-mail Address □ Check here if you wish to receive text message in addition or phone message. Text Phone: □ □ Carrier: □ □ (Complete only if Text is selected above)	to e-mail,	Maintain Reading History? □ Yes □ No (If checked "yes," this info may be accessed by law enforcement personnel without your consent.)
May others pickup holds for you? Yes No 1 If yes, please list up to two names 2 Email Signature:		Internet Access: □ Full (Partially Filtered) □ Filtered □ No Internet Password:
Name of minor #2:	_ Birthday:/	/ Record ID#:
Notification Options: □ Text Message □ E-mail Address □ Check here if you wish to receive text message in addition or phone message. Text Phone: □ Carrier: □ (Complete only if Text is selected above)	to e-mail,	Maintain Reading History? □ Yes □ No (If checked "yes," this info may be accessed by law enforcement personnel without your consent.)
May others pickup holds for you? Yes No 1		Internet Access: □ Full (Partially Filtered) □ Filtered □ No Internet Password:
Name of minor #3:	Birthday:/	/ Record ID#:
Notification Options: □ Text Message □ E-mail Address □ Check here if you wish to receive text message in addition or phone message. Text Phone: □ Carrier: □ (Complete only if Text is selected above)	to e-mail,	Maintain Reading History? ☐ Yes ☐ No (If checked "yes," this info may be accessed by law enforcement personnel without your consent.)
May others pickup holds for you? Yes No 1 If yes, please list up to two names 2 Email Signature:		Internet Access: □ Full (Partially Filtered) □ Filtered □ No Internet Password: