APPLICATION FOR NON-RESIDENT LIBRARY CARD

PLEASE PRINT

Cards issued to individuals only. Annual fee per card is $25.

Name: __________________________________________

Did you pay for a library card last year? Yes ___ No ___

Check one: ☐ Child (Grade k-6) ☐ Young Adult (Grade 7-12) ☐ Adult

If current card-holder, please list bar code # from your library card____________________________

Address __________________________________________

City________________________ State _______ County __________ Zip Code ______ - _______

Telephone Number ( ) ________________________ Ext. __________________________

E-mail address __________________________________ Date of Birth __________________

Card may be used at any public library in Monroe County. Please indicate the library you will be using most often (check only one of the following):

___ RPL (Central & branches)  ___ E. Rochester  ___ Hamlin  ___ Odgen  ___ Riga
___ Brighton  ___ Fairport  ___ Henrietta  ___ Parma  ___ Rush
___ Brockport  ___ Gates  ___ Irondequoit  ___ Penfield  ___ Scottsville
___ Chili  ___ Greece  ___ Mendon  ___ Pittsford  ___ Webster

In signing this application, I assume responsibility for: All materials borrowed on the library card; Returning all materials on time; Paying fines on overdue materials; Reporting lost or stolen library card; Reporting change of address; Paying for lost or damaged materials; Following the policies and “rules of conduct” of the library.

Signature of cardholder __________________________ Date________________________

Signature of parent or guardian (if applicant is under 18 years of age)_________________________

Payment options:

_____ Check or money order payable to “MCLS” enclosed (amount) __________________________

_____ Charge to Credit Card (Visa or Mastercard) (information below must be filled in)

Credit card number __________________________ Check if ___ Mastercard or ___ Visa

Name on card __________________________________

Card expiration date __________________________

I hereby authorize the above charges against my account ______________________________________

Signature (required)

Mail completed form with check, money order or credit card payment to: MCLS Finance Office, 115 South Avenue, Rochester, NY 14604. Applications and payments may be accepted at the Central Library and selected public libraries in Monroe County. Please contact your library for more information.