

Library Card Application

Name: _____

Mailing Address: _____

Physical Address (if different from above): _____

City: _____ State: Texas Zip: _____

Home Telephone: _____ Cell phone: _____
Carrier: _____

Place of employment: _____

Work phone: _____ DL Number: _____

Email address: _____

You will receive reminders and other important information by email, so please provide a valid address.

Preferred Contact Method: Email Text Phone Mail

Information collected will only be used by the City of Wolfforth.

I have read and understand the City of Wolfforth Library Policies. I understand that I will be held legally accountable for all items checked out in my name. I will be responsible for the types of materials selected, proper use of these items, and will pay all fines incurred by these items.

Signature: _____ Date: _____

Barcode #: _____