



# ROSEBURG PUBLIC LIBRARY

1409 NE Diamond Lake Blvd., Suite 100 | Roseburg, OR 97470

## LIBRARY CARD APPLICATION

Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Last First Middle Initial Month/Day/Year

Mailing Address \_\_\_\_\_  
Address Apartment #

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

Residence Address \_\_\_\_\_  
(if different from above) Address Apartment #

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

I am a resident of the City of Roseburg (check one)  Yes  No  
(Library card fees apply to non-residents of Roseburg.)

Phone \_\_\_\_\_ Notification Preference  Text  Email

Email \_\_\_\_\_

### ***Please read before signing:***

- I verify that the above information is correct.
- I assume financial responsibility for materials borrowed or charges incurred on my library card and understand that this card is not transferable.
- I will immediately notify the library if my card is lost or stolen. If the library does not receive notification, I understand that I am responsible for any material borrowed on the card. I will also promptly notify the library of a change of address, email address, or telephone number.
- In using email notification, I will add the library email address (library@cityofroseburg.org) to my email address book and will monitor my spam/junk files.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Those under 18 years of age must have parent or legal guardian sign the registration form, and to assume the legal responsibility for materials borrowed from the library.

Print Name of Parent/Legal Guardian (if under 18) \_\_\_\_\_

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

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### STAFF USE ONLY

Card Number \_\_\_\_\_ Staff Initials \_\_\_\_\_ Date \_\_\_\_\_

Resident  Non-resident annual  Non-resident quarterly  Transitional  Student