

LIBRARY CARD APPLICATION - 14 Years and Over

Personal identification, including name and home address may be requested by Library Staff.

Please Print

Date:	Branch Location:				
Name of Applicant:					
Address:	First		Middle		
Apt./Unit #	Street Number		Street Name		
City		Province	Pos	tal Code	
Birthday (required):					
Phone: ()	<u> </u>				
Other Phone: ()		Year	Month	Day	
receive notification of items placed on	☐ Email Provide your email address:				
hold? (Choose one)	□ Text Message Provide your cell phone number (if different from above): () □ Phone Provide your phone number (if different from above): ()				
Complete this section only if applying for an institutional library card:					
Organization / Institution / Community Group Name Your Title					
Apt./Unit #	Street Number		Street Name		
City	Province		Postal Code		
Supervisor / Director Name			Telephone		
Signature of Applicant			Date		

Information on this form is collected under the legal authority of the *Public Libraries Act*, R.S.O 1990, c. P44 and the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c. M.56 for the purpose of library services. For more information regarding this collection, please contact the Legislative Services Coordinator, 21 Reeve Street, P.O. Box 1614, Woodstock, Ontario N4S 7Y3 or 519-539-9800 ext. 3017 / clerksoffice@oxfordcounty.ca