KCL KERSHAW COUNTY LIBRARY

Date:_____

Name:

_____

Mailing Address: _____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Birthdate: _____ Driver's License/State ID Number: _____

Daytime Phone #: ___ (____) _____ Evening Phone #: ___(___)_____

Cell Phone #: ___ (___) _____ Cell Phone Carrier or Company: _____
(Ex: Verizon, Sprint, AT&T)

Personal E-mail (place each character in a separate box):

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

@☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ (ex: gmail, truvista, att)

The library cannot be responsible for the inability to deliver mail based on your carrier or email provider. The library system is not responsible for any charges from your cell phone carrier.

☐ Yes, I would like to receive email alerts about library events and services.

☐ Yes, I would like to receive notifications about material on my SC LENDS account to my email address.

☐ Yes, I would like text notifications about materials on my SC LENDS account sent to my cell phone.

☐ No, I would like a phone notification on Home Phone: _____ Cell Phone: _____

- I will report address changes or lost cards promptly.
- I understand that I will be charged for late, damaged, and/or lost material.
- I will pay for library card replacement, and I understand that I must present my library card <u>every time</u> I borrow materials

Parent signature required if under 18.

Signature:_____

Print name:_____

STAFF ONLY BELOW THIS POINT

BARCODE #: _____ STAFF INITIALS_____

☐ ADDRESS VERIFICATION ☐ NON-RESIDENT FEE PAID

2011KCL/CLW