



WEST FELICIANA PARISH  
**LIBRARY**

Driver's License or other identification

**Application for an Adult Library Card (Ages 18 and over)**

<b>Applicant Information: Please print clearly and provide all information requested</b>			
Last Name:		First Name:	
Date of birth:		Middle:	
Last 4 digits of SSN:		Phone:	
<b>Mailing Address:</b>			
Physical Address:			
City:		State:	ZIP Code:
<b>Email Address:</b>			
Would you like to receive e-mail about WFPL programs, services or updates? Circle: Yes or No			
<b>Note:</b> Patrons who wish to stop receiving e-communications can do so by clicking the <i>Unsubscribe</i> link at the bottom of any message.			
<b>Employment Information</b>			
Current employer:			
Phone:		E-mail:	Fax:
City:	State:		ZIP Code:
Retired:			
<b>Emergency Contact</b>			
Name of a person not residing with you:			
Address:			
City:	State:		ZIP Code:
Phone:			
Relationship:			
<b>Children(if you want them to have a separate card)</b>			
The library allows you to link your record with your juvenile children to assist in transactions. No one, however, can see the status of, or items borrowed, on your account. Please list family to be linked.			
Last Name	First Name		Date of Birth
By submitting this application, I declare that all information provided is accurate and that I agree to the WFPL Rules and Regulations received by me, thereby accepting legal responsibility for all use of the card and all library materials charged to the card. I understand that use of the card is non-transferable and in the event it is lost or stolen, I will notify the West Feliciana Parish Library immediately. I also understand the use of my personal information is governed by the Privacy Policy (see <a href="http://www.wfplibrary.org">www.wfplibrary.org</a> ).			
Signature of Applicant:			Date: