



**DARE COUNTY LIBRARY CARD APPLICATION
FULL TIME RESIDENTS**

PLEASE PRINT CLEARLY AND COMPLETE ALL AREAS.

FIRST NAME MIDDLE NAME LAST NAME

MAILING ADDRESS

CITY STATE ZIP

PHONE NUMBER EMAIL ADDRESS

DATE OF BIRTH ____ / ____ / ____
 MONTH DAY YEAR

PIN (Personal Identification Number): If you wish, you can be assigned a PIN so you can place holds, review your account, and renew items via computer with Internet access via a password-protected area of our website. Please inform us if you wish to have one assigned to you. You can always change your preference at a later date. YES, I'd like a PIN NO, I do not want a PIN

The library produces a monthly email newsletter and other occasional email communications to keep customers informed of new titles, programs and services. If you would like to receive these emails please check this box. You can "opt out" from receiving future emails at any time.

Our software can save an individual's "loan history" which may be useful for readers who need assistance remembering what they have read in the past. We believe this information is private and confidential, but cannot guarantee its security in an online environment
 YES, turn on my loan history NO, do not turn on my loan history

Our preference is to notify you of requested materials and overdues via email. If you prefer phone calls for holds notifications and letters for overdue notice please check here

By completing this form, I, the undersigned, apply for the right to use the East Albemarle Regional Library and promise to obey all its rules, to take care of materials I borrow, to pay all fines or damages charged to me, and to give prompt notice of change in my address or contact information.

SIGNATURE _____

STAFF INITIALS _____