



## DARE COUNTY LIBRARY CARD APPLICATION CHILDREN/TEEN

PLEASE PRINT CLEARLY AND COMPLETE ALL AREAS.

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE NAME

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
HOME PHONE NUMBER

\_\_\_\_\_  
EMAIL ADDRESS

DATE OF BIRTH \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SCHOOL \_\_\_\_\_  
MONTH DAY YEAR

HOME LIBRARY (Please choose one): \_\_\_ Manteo / \_\_\_ Hatteras / \_\_\_ Kill Devil Hills

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 / Please use: \_\_\_\_\_ / \_\_\_ NO, I do not want a PIN

*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 OF PARENT  
OR LEGAL GUARDIAN \_\_\_\_\_

STAFF INITIALS \_\_\_\_\_

Revised 7/2021