

## RiverShare Libraries Card Application

Last		First	Middle Initial
Street Address:			
City:		State:	Zip:
Mailing Address (if different):			
Phone #1:	Cell Home	Phone #2:	□ Ce □ Ho □ Wo
Email Address:			
Notification Preference:  Phone	#1 Phone #2	□ <sub>Email</sub> □ <sub>Tex</sub>	t Message
Are you interested in receiving a			
☐ Yes—Email ☐ Yes—	—Text Message _		☐ Not Interested
Gender:	e	Service Provider Birthdate:	
NOTE: If you have elected to be notified via to your service contract. Check with your carrier if			
Patron Signature:			Date:
Parent/Guardian Signature:			Date:
Parent/Guardian Name (Please Print):			
	Library U	se Only	
Barcode:		AltID:	
Identification Presented:			
□ New □ Lost	☐ Chai	nge of Informatio	n Renewal
Computer Checked?	☐ Staff Initials	: D	ate Input: