

YORK COUNTY PUBLIC LIBRARY  
Application for Library Card

To register for a library card, please complete this form and provide **current identification** and proof of **current address**, such as driver's license, state photo ID, printed checkbook or auto registration. **Please print clearly.**

Name: \_\_\_\_\_  
Last First Middle Initial

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Social Security # (optional): \_\_\_\_\_

Check one: York County Resident  Non-Resident  Temporary (in area 6 months or less)

How would you like to be notified (check one): Phone  Email

Email Address: \_\_\_\_\_

Permanent Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I agree that I am responsible for all materials borrowed with this card, fines incurred and payment for lost or damaged materials.

**Applicant**  
Signature: \_\_\_\_\_

**Parent/Guardian must sign for children ages 4-16:** I agree to be responsible for the return of materials borrowed with this card, fines incurred and payment for lost or damaged materials. I accept responsibility for the selection of materials made by this person including access to the Internet.

Print Name of Parent: \_\_\_\_\_ Signature of Parent: \_\_\_\_\_