



LIBRARY CARD APPLICATION
 NORTH DAKOTA STATE LIBRARY
 SFN 17340 (10-2018)

Barcode ID

Name (Last, First, Middle)		Birthdate	
Email Address (For Library Notices Only)			
Telephone Number		To which address should materials be sent <input type="checkbox"/> Home <input type="checkbox"/> Work	
Mailing Address	City	State	ZIP Code
Name of Work / School / State Agency		Work Telephone Number	
Work / School / State Agency Address – Box or Street	City	State	ZIP Code

Name of Guardian (If applicant is under 18 years of age)			
Guardian Address (If different than home address above)	City	State	ZIP Code
Guardian Email Address		Guardian Telephone Number	

By signing this application, I agree to take proper care of the materials lent to me, return them when due, and pay for any lost or damaged materials while in my possession. I understand that my privileges may be revoked if I fail to abide by this agreement.

Signature
Guardian's Signature

Return to:
 North Dakota State Library
 604 E BOULEVARD AVE – Dept. 250
 BISMARCK, ND 58505-0800