



# Southern Tier Library System Borrower Application

A library card from a member library of the Southern Tier Library System grants its owner direct access to the resources of every library in the Southern Tier Library System. New York State law protects the privacy of library borrowers' registration and borrowing history.

*Please Print*

Date: \_\_\_\_\_

Applicant's Name \_\_\_\_\_  
First Name Middle Initial Last Name

Preferred Name \_\_\_\_\_

Circle one: JR SR III Maiden or Other Name Previously Used

Street Address \_\_\_\_\_ Apartment or Lot \_\_\_\_\_

City State Zip

Phone \_\_\_\_\_ Town or Tax District \_\_\_\_\_

Date of Birth \_\_\_\_\_ E-mail address \_\_\_\_\_

**Complete if you are a college student or have a secondary address:**

\_\_\_\_\_

Street

\_\_\_\_\_

City State Zip

**My signature below indicates that I have provided correct information. I agree to follow library policies and be financially responsible for all materials checked out on my card.**

Applicant's Signature \_\_\_\_\_

\*\*\*\*\*STAFF USE ONLY\*\*\*\*\*

Library \_\_\_\_\_ Type of ID used \_\_\_\_\_ Staff member's name \_\_\_\_\_



Chemung County Library District with the Steele Memorial Library and branches in Big Flats, Van Etten, West Elmira, the Bookmobile, the Horseheads Free Library and on the web at [cclld.lib.ny.us](http://cclld.lib.ny.us)

**To be completed by the parent or guardian of individuals under the age of 16:**

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<b>Parent's:</b>	First Name	Middle Initial	Last Name
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Parent's street address/city/state/zip & telephone number *if different from child's*

Do you grant permission for your child to use unfiltered Internet access? Yes \_\_\_\_\_ No \_\_\_\_\_

Parents are responsible for oversight of materials selected for or by a child. The responsibility does not rest with the library. Minor borrowers have access to the same library materials as adult borrowers, including downloadable digital audio books, eBooks, videos and music.

*I accept financial responsibility for library materials borrowed by my child:*

**Parent or Guardian's Signature:** \_\_\_\_\_

**I would like to receive email reminders of my due dates and notification of items waiting for pick up.**

Yes \_\_\_\_\_ No \_\_\_\_\_

**Keep up to date on what's happening at our libraries!**

**I would like to receive CCLD's monthly electronic newsletter.** Yes \_\_\_\_\_ No \_\_\_\_\_

**CCLD Monthly Event Newsletter will be emailed to you only on the 1<sup>st</sup> day of every month.**

The Chemung County Library District adheres to the American Library Association's Freedom to Read statement and will attempt to meet the special needs of borrowers as identified by the Americans with Disabilities Act or any relevant Federal or New York State law.

**Applicant's initials** \_\_\_\_\_