GLENWOOD PUBLIC LIBRARY GLENWOOD, IOWA

LIBRARY CARD & INTERNET USE APPLICATION IDENTIFICATION REQUIRED, PLEASE PRINT

Name(Last)	(First)	(Middle Initial)
Mailing Address		
City	State	Zip
Phone Number	Date of Birth	//
Email Address		
Do you live within the city limits of Glenwood?	Yes No County_	
Preferences for notifications of book holds:	(circle only one) Telephone	Email Text Message
Preference for notifications of overdue notices:	(circle only one) Telephone	Email Text Message
Preference for due date warning/auto-renewal r	notices: (circle only one) Non	e Email Text Message
If under 14, Parent or Guardian Name		
Parent Date of Birth//		
materials. If signing as a parent or guardian, I uno out on this library card.	derstand that I am responsible	for all materials checked
out on this library card. Applicant Signature	Da	ate
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out on this library card. Applicant Signature If under 14, Parent Signature	Da Da Da Da Da Da Da Da Da Da Da Da Da D	ate ate ailable upon request). I lt in a loss of my computer
out on this library card. Applicant Signature If under 14, Parent Signature INTERNET I agree to abide by the Library's policy on the use understand that failure to abide by the Internet a privileges at the Glenwood Public Library. I agree	Da Da D D D D D D D D D D D D D D D D D	ate ate ailable upon request). I lt in a loss of my computer rement costs of equipment s and tablets have sed to block or filter
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Checked for Account _____

Library Card #__