

LIBRARY CARD APPLICATION

1. GENERAL INFORMATION - Please PRINT.

FIRST NAME		MIDDLE INITIAL	LAST NAME	
DATE OF BIRTH (MM/DD/YY)			<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> _____	
STREET ADDRESS				
APARTMENT #	CITY	STATE	ZIP CODE	
EMAIL ADDRESS		PHONE NUMBER		

PERMANENT ADDRESS (if different from above)

APARTMENT #	CITY	STATE	ZIP CODE
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2. TYPE OF CARD

☐ **NEW ADULT/TEEN
(AGES 12 AND ABOVE)**

I will be responsible for any loss, damage, or fines for materials borrowed on my library card.

☐ **NEW CHILDREN'S
OPEN-ACCESS (UNDER 12)**

I authorize my child to borrow any materials from the Free Library, without restriction. I will be responsible for any loss, damage, or fines for materials borrowed on my child's library card.

☐ **NEW CHILDREN'S
RESTRICTED (UNDER 12)**

I authorize my child to borrow from the Free Library only materials selected for children. I will be responsible for any loss, damage, or fines for materials borrowed on my child's library card.

☐ **RENEWAL OR
REPLACEMENT**

IF KNOWN, PLEASE PROVIDE YOUR CURRENT FREE LIBRARY OF PHILADELPHIA CARD NUMBER:

☐ **DVD RESTRICTION (UNDER 18)**

My child (under 18) may NOT borrow any DVDs from the Free Library.

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3. CARD ELIGIBILITY - Please check only one. Provide physical proof of address.

☐ I LIVE IN PHILADELPHIA (address on front)

<input type="checkbox"/> I WORK IN PHILADELPHIA	WORK ADDRESS
<input type="checkbox"/> I GO TO SCHOOL IN PHILADELPHIA	SCHOOL NAME
<input type="checkbox"/> I OWN PROPERTY IN PHILADELPHIA	PROPERTY ADDRESS

☐ PENNSYLVANIA RESIDENT (address on front)

4. PREFERRED METHOD OF CONTACT AND SIGNATURE

PREFERRED METHOD OF CONTACT: ☐ EMAIL ☐ POSTAL MAIL ☐ PHONE

SIGNATURE	DATE
PARENT OR GUARDIAN SIGNATURE (required for children under 12)	DATE

MAIL, FAX, OR EMAIL APPLICATION TO:

General Information Department
Free Library of Philadelphia
1901 Vine Street, Philadelphia, PA 19103-1189
FAX: 215-686-5451
onlineregistration@freelibrary.org

PLEASE CHOOSE YOUR 4-DIGIT PIN

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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