

Library Card Application



Welcome to the Stratford Public Library! SPL library cards are available free for anyone who lives, works, attends school, or pays property taxes in Perth County. Your card can be used at any public library in Perth County. Please return this completed, signed application to the Information Desk at SPL and bring with you a piece of ID.

FOR ALL APPLICANTS

Last Name _____ First Name _____

Middle Name or Initial _____ Date of Birth (DD/MM/YYYY) _____

Permanent Street Address _____ Apt # / 911# _____

City _____ Province _____ Postal Code _____

Local Address (if Permanent Address is outside of Perth County) _____

Phone home _____ cell _____ work _____

Email _____

How would you like to receive notices from the library relating to your account? Email Phone SMS (holds)
(circle choice)

ACCEPTANCE OF RESPONSIBILITY

By submitting this application, I declare that all information provided is accurate. I accept responsibility for all use of the card, all library materials checked out on the card, and all charges made against it. I understand that use of my library card is non-transferable and in the event my card is lost or stolen, I will notify the Stratford Public Library immediately. I will observe the rules of the library.

Applicant Signature _____ Date _____

The information provided on this form is collected under the Authority of the Ontario Public Libraries Act, RSO 1990, and will be kept confidential. Form information use will be limited to library activities, including notices (holds, overdue, billing), program information and fundraising initiatives. Membership information may be shared with other Perth County Information Network staff.

FOR PARENTS / GUARDIANS TO COMPLETE, IF APPLICANT IS A CHILD AGES 12 AND UNDER

As a parent / guardian of this child, I understand that children have access to all library materials, including adult books, dvds and digital materials. I accept responsibility for all use of my child's card, all library materials checked out on the card, and all charges made against it.

Parent / Guardian Name (print) _____

Parent / Guardian Signature _____ Date _____



19 ST. ANDREW STREET
STRATFORD, ONTARIO

splibrary.ca