

# Kimball Public Library New Borrower Application

Name: \_\_\_\_\_  
Last First M.I.

Town of Residence: \_\_\_\_\_

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

Pronoun:  she  he  they  \_\_\_\_\_  leave blank  
(please indicate)

If under 18, name of parent/guardian: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
\_\_\_\_\_

Other address: \_\_\_\_\_  
(if applicable)  
\_\_\_\_\_

E-mail: \_\_\_\_\_

Primary phone: \_\_\_\_\_

Secondary phone: \_\_\_\_\_

By applying for a library card, I agree to abide by all of Kimball Library's rules and policies. I understand that I am responsible for all materials that I borrow from the Library, and agree to return or renew items by their due date. I agree to make good any damage to or loss of Library materials.