

LIBRARY CARD APPLICATION/RENEWAL

Residents must provide current valid ID and proof of mailing address.

Non-residents must provide valid ID, temporary address and proof of permanent address.



FREE: Resident Military personnel & dependents stationed in Hawaii

FEE: Non-Resident \$25 (valid 5 years) Visitor Card \$10 (valid 3 months)

REPLACEMENT: Resident-Minors \$5, Resident-Adults \$10, Non-Resident \$25

■ **Please Print Full Legal Name**

Name _____
LAST FIRST MIDDLE

Local mailing address _____
STREET OR P.O. NO. APT. NO.

City _____ State _____ Zip _____

Telephone (Home) _____ (Business) _____

Preferred Notification of Reserved or Overdue items (check one only): E-mail Postal mail

E-mail address _____

■ **Please fill out this section only if you are a Non-Resident or Visitor.**

Effective dates for local address: From _____ / _____ / _____ To _____ / _____ / _____
MONTH DAY YEAR MONTH DAY YEAR

Out-of-State mailing address _____
STREET OR P.O. NO. APT. NO.

City _____ State _____ Zip _____

■ **Please fill out this section if you are under 18. Parent/Guardian ID and signature required for child under 18.**

Birthdate _____ / _____ / _____ Grade level _____
MONTH DAY YEAR K-12

Parent/Guardian's name _____
LAST FIRST MIDDLE

Mailing address (if different from yours) _____
STREET OR P.O. NO. APT. NO.

City _____ State _____ Zip _____

No Internet Access: I do not want my child (under 18) to use the Internet in a public library.

■ **Signature is required to receive a library card:**

I attest that the information on this application is true and correct. My signature on this card indicates my agreement to follow the Library's rules and policies in exchange for access to the Library's collections and services. I accept responsibility for all the materials charged to this card, including fines, fees, and charges assessed to it. I shall promptly notify HSPLS of any changes to my library account information, including but not limited to, mailing and/or email addresses, or name change. I will report loss or theft of this card and understand that I may be responsible for library material borrowed with a lost or stolen card.

APPLICANT'S SIGNATURE

DATE

I attest that I am the applicant's parent/guardian and will be financially responsible for borrowed materials, fines, fees, and charges associated with the use of this card.

PARENT/GUARDIAN'S SIGNATURE

DATE

Staff Use Only>
_____ CUSTOMER BARCODE #
_____ SCHOOL VISIT