



# Scio Public Library

38957 NW 1<sup>st</sup> Avenue – PO Box 37 – 97374  
PH: (541) 394-3342 – FAX: (541) 394-2340  
Email: [slibrary@smt-net.com](mailto:slibrary@smt-net.com)

## Library Membership Application

Resident (free)  Non-Resident (\$30)  Non-Resident Youth (Free)  Computer Only (Free)

### APPLICANT INFORMATION (Current photo ID and proof of Address required)

Name: _____	Phone: _____
Physical Address: _____	Date of Birth: _____
Mailing Address: _____	Driver's License: _____
City/St/Zip _____	Email: _____
I am interested in volunteering with the Library <input type="checkbox"/>	

### Additional Family Members (maximum of 6 cards per household)

Anyone 18 years of age and older must show current photo ID and proof of address

Name: _____	Date of Birth: _____	Driver's License: _____
Email (if different than applicant): _____		
Name: _____	Date of Birth: _____	Driver's License: _____
Email (if different than applicant): _____		
Name: _____	Date of Birth: _____	Driver's License: _____
Email (if different than applicant): _____		
Name: _____	Date of Birth: _____	Driver's License: _____
Email (if different than applicant): _____		
Name: _____	Date of Birth: _____	Driver's License: _____
Email (if different than applicant): _____		

**By signing this application, I acknowledge and agree to pay all fines and fees that may be charged to library cards listed on this form. I understand that this membership is valid for one year from the date of issue.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(parent or guardian if applicant is under 18)

### Staff Use Only:

Name: _____	Library Card #: _____
Name: _____	Library Card #: _____
Name: _____	Library Card #: _____
Name: _____	Library Card #: _____
Name: _____	Library Card #: _____
Name: _____	Library Card #: _____
Processed By: _____	Amount Collected: _____
Date: _____	