



# Scio Public Library

38957 NW 1<sup>st</sup> Avenue – PO Box 37 – 97374  
PH: (541) 394-3342 – FAX: (541) 394-2340  
Email: lmurray.cityofscio@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

### 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: _____