

MPL BARCODE _____

STAFF INITIALS / DATE _____

- Choose One
- JUVENILE CARD**
(0-17 years old)
- ADULT CARD**
(18 years and older)



Library Card Application

- MALE FEMALE

SCHOOL DISTRICT
OF RESIDENCE:
(Choose One)

- MASSILLON CITY (12) FAIRLESS LOCAL (6)
- JACKSON LOCAL (8) TUSLAW LOCAL (21)
- PERRY LOCAL (17) NORTH CANTON CITY (14)
- CANTON CITY (3) OTHER (22)

DATE OF BIRTH *(MONTH/DAY/YEAR)* _____

CARDHOLDER FIRST NAME _____

MIDDLE NAME _____

LAST NAME _____

STREET ADDRESS _____

CITY _____

STATE _____

ZIP _____

TELEPHONE NUMBER _____

When library items are ready to be picked up or are overdue, please contact me via:
(Choose One)

- TELEPHONE CALL
- EMAIL
- TEXT MESSAGE TO NUMBER BELOW

EMAIL ADDRESS _____

TEXT NUMBER *(@sms.oplin.org)* _____

FOR JUVENILE CARDS ONLY:

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN DATE OF BIRTH: _____

OPTION FOR ADULT CARDS: *I hereby give permission for the following adults to have access to my library account and to transact library business on my behalf.*

NAME 1 _____

NAME 2 _____

By signing this application, I accept financial responsibility for overdue charges and lost or damaged materials. I will comply with all library rules and give prompt notice of any change of address. If this card is lost or stolen, I will notify the library immediately.

I also give the Massillon Public Library permission to send me information about library issues, programming, services, and events via electronic communication. The library does not sell your email address to any other party or agency.

*** OPT OUT BY INITIALLING HERE:** _____

Signing someone else's name on a library card application is forgery and a fifth degree felony under Ohio Revised Code § 2913.31b1.

SIGNATURE *(PARENT/GUARDIAN SIGNATURE IF JUVENILE CARD)* _____

DATE _____