



HUDSON LIBRARY
& HISTORICAL SOCIETY

Application For Hudson Library Card

Please provide one form of identification
showing your present home address

Borrower ID number (staff use only)

Staff
Initials

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PLEASE PRINT

Last Name		First Name		Preferred Name	
Middle Initial	Mailing Address			Apt #	
City			State OH	Zip	
Email			Birth date		
Day Phone		Cell Phone			

COMMUNICATION FROM THE LIBRARY

I would like to receive notification notices from the library by (circle one)

Email Phone Text Message (holds only)

SCHOOL DISTRICT

<input type="checkbox"/>	Hudson (7708)	<input type="checkbox"/>	Nordonia (7710)	<input type="checkbox"/>	Twinsburg (7716)
<input type="checkbox"/>	Stow (7714)	<input type="checkbox"/>	Aurora (6701)	<input type="checkbox"/>	Streetsboro (6709)
<input type="checkbox"/>	Other _____				

SIGNATURE

I agree to observe all rules established by the library, and will be responsible for all materials borrowed on my card. I agree to pay any fines or other charges imposed for late return or damage of library materials. Please notify the Library in case of loss or theft of this card.

Signature _____ Date _____

Note:
Applicants under the age of 18 require a parent/guardian signature