



Application For Hudson Library Card

Please provide one form of identification showing your present home address

HUDSON LIBRARY
& HISTORICAL SOCIETY

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		
Phone (please provide cell number if interested in text notifications)			Ohio Drivers License Number		

COMMUNICATION FROM THE LIBRARY

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

Email Phone Text Message (holds only)

Please add me to your email newsletter so I can be notified of library programs and events. Please indicate your newsletter preferences (check all that apply):

- Adult programs Children & Teen Programs Entrepreneurship Programs
- Book news Jobseeker Programs Technology Programs

SCHOOL DISTRICT

- Hudson (7708) Nardonía (7710) Twinsburg (7716)
- Stow (7714) Aurora (6701) Streetsboro (6709)
- 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