

**ADULT Library Card Application**

LOVETT MEMORIAL LIBRARY, McLean  
Harrington Library Consortium

Date \_\_\_\_\_

Welcome to the Lovett Memorial Library in McLean. We hope you enjoy the books, audios and DVDs available for check-out, as well as a multitude of on-line resources. Your library card will afford you check-out privileges at all Harrington Library Consortium Libraries.

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Applicant must present photo identification and proof of residence with current address. Current address must be on this application. Applicant must be a resident of the City of McLean or Gray County, or be affiliated with the McLean Independent School District.

PLEASE PRINT INFORMATION

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Mailing and Street Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ TEXAS

Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

DL or ID Number \_\_\_\_\_ State Issued \_\_\_\_\_

E-Mail \_\_\_\_\_

*Overdue notices will be sent to this email address. If no email is provided than the notices will be mailed to your address at your cost for each mailing or notice.*

I agree to observe all rules established by LOVETT MEMORIAL LIBRARY in McLean, and of the HARRINGTON LIBRARY CONSORTIUM. I understand that I am responsible for all items charged on my card and any other card or cards that I sign, for minors. I understand that my card could be grouped with other card holders that I have signed for and that my delinquent fines could result in **their** card or cards being suspended of services at this library and all Harrington Library Consortium member Libraries until issues are brought current. I agree to pay all fines and charges levied for overdue items, lost or mutilated library materials and cost incurred for library services. If my card is missing, misplaced or stolen, it is my responsibility to inform the library.

Signed \_\_\_\_\_

*In House Use:*  
Library Card Number \_\_\_\_\_