



# Borrower Application Form

Complete and return to any Lakeland Library Region Branch

**Please print**

Have you ever had a Saskatchewan Library card? Yes No From where? \_\_\_\_\_

How did you hear about Lakeland library services? \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Mailing Address - Street: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: 1-306- \_\_\_\_\_ Other Telephone: 1-306- \_\_\_\_\_

Birth Date (yyyy/mm/dd): \_\_\_\_/\_\_\_\_/\_\_\_\_  Senior (65+)  Adult (18-64)  Youth (14-17)  Child (0-13)

E-mail Address: \_\_\_\_\_  
*(In providing your e-mail address you are agreeing to e-mail notification about Library services, such as holds, almost due and overdue items. Your e-mail address will remain confidential.)*

Which Library do you visit the most? \_\_\_\_\_

Where do you live? \_\_\_\_\_  
**City RM or /Village/Town Reserve**

I agree to be responsible for all materials borrowed and other use of the card and to pay any resulting fees or charges. I agree to abide by Library System and SILS policies. If this card is lost or stolen, I will report it immediately. I authorize SILS to retain and use any personal information necessary for the provision of library services, and I will ensure my information is accurate and up-to-date.

Signature of Borrower: \_\_\_\_\_

**For Children's cards only**

Parent/Guardian Name & Signature: \_\_\_\_\_

<b>STAFF USE ONLY</b>	Date application form completed: _____
Patron Type: Verified (79) (1 year) _____ Unverified (84) (3 months) _____	Temporary (87) (3 months) _____ Other _____
Patron Agency: Lakeland Library Region (7) Home Library: _____	
Unique ID Number: _____ Example of format: SKDLxxxx1234, ISCxxxx1234, Treaty Card xxxxx1234, SHIC. Do NOT record health card number!	
Barcode Number: 2 3285 _____	Staff name/Initial: _____