

# Salem Free Public Library Membership Application

Individual Membership: \_\_\_\_\_

Family Membership: \_\_\_\_\_

Salem HS Student: \_\_\_\_\_

**Staff Use Only:**

Library Card Number: \_\_\_\_\_

Proof of Address: [ ] \_\_\_\_\_

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Gender: Male \_\_\_ Female \_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address (No P.O. Box#)

\_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing address (if different from above)

\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

PLEASE NOTE: If you live outside of Salem City, you are required to pay a *yearly* membership fee.  
[Salem High School Students are exempt with valid Salem HS Identification card.]

Membership Fees: Individual Membership - \$15.00/year  
Family Membership - \$20.00/year

Payment Type: N/A-City Resident [ ] Cash [ ] Check [ ]  
(check# \_\_\_\_\_)

I AGREE TO FOLLOW ALL RULES, TO PAY ALL CHARGES TO THIS ACCOUNT AND TO GIVE NOTIFICATION OF ANY CHANGE OF ADDRESS OR LOSS OF LIBRARY CARD. I UNDERSTAND I AM RESPONSIBLE FOR ALL MATERIALS CHECKED OUT TO THIS CARD. I AM RESPONSIBLE FOR MY PIN NUMBER AND AM AWARE THAT I MUST LOGOUT AFTER USING *MY ACCOUNT* FOR PERSONAL SECURITY REASONS.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Signature of Parent/Guardian for those under 18: \_\_\_\_\_)