

## Aperion Care/Midlothian Public Library • Library Card Application

Full Name: \_\_\_\_\_

Street Address: 3249 147th St, Midlothian, IL 60445 Phone: (708) 389-3141

Alternate Phone (if applicable): \_\_\_\_\_

E-mail Address (if applicable): \_\_\_\_\_

Contact Preference:     Email             Phone             Text  
Language Preference:    English             Polish             Spanish

Gender:     Male     Female                      Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

I agree to be responsible for this card and all materials checked out on this card unless this card is lost or missing. I am further responsible for any charges that may result from late return, loss, or damage of materials borrowed. I agree to comply with library and System regulations.

Signature \_\_\_\_\_

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### For Aperion Care Staff Use Only (Please initial):

\_\_\_\_\_ I verify that this individual resides at the above address and has a photo ID on file at Aperion Care.

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### For Library Staff Use Only:

Barcode

Expiration