

Adult Library Card Application (Ages 14 & Over)

Branch Location: _____ **Date:** _____

Information, Address & Contact

Full Name (Last, First, Middle): _____

Date of Birth (required): _____ / _____ / _____
(Year) (Month) (Day)

Street Address: _____

Apt/Unit #: _____ **City:** _____ **Province:** _____ **Postal Code:** _____

Primary Phone: (____) _____ - _____ **Other Phone:** (____) _____ - _____

Do you live in the City of Woodstock or outside Oxford County? ☐ Yes ☐ No

If **yes**, are you a member of your local library system? ☐ Yes ☐ No

If you live in Oxford County but not the City of Woodstock, this section does not apply. If required, proof of membership at your local library system will be requested before an Oxford County Library card can be issued.

Hold Notification Preference (choose one)

☐ **Email:** _____ ☐ **Text Message:** (____) _____ - _____

☐ **Phone Call:** (____) _____ - _____

Institutional Library Card (complete only if applicable)

Organization / Institution / Community Group Name: _____

Your Title: _____

Street Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Supervisor / Director Name: _____ **Telephone:** (____) - ____

Privacy Notice

Information is collected under the authority of the *Public Libraries Act* and the *Municipal Freedom of Information and Protection of Privacy Act* for the purpose of providing library services. For inquiries, contact Legislative Services Coordinator, 21 Reeve Street, P.O. Box 1614, Woodstock, ON N4S 7Y3 | 519-539-9800 ext. 3017 | clerksoffice@oxfordcounty.ca