ORGANIZATION LIBRARY CARD APPLICATION FORM

Organization Information

- Organization Name: _____
- Type of Organization: ☐ Residential group home ☐ Daycare Center ☐ Preschool ☐ Senior Living Facility ☐ Community Service Organization ☐ Nonprofit ☐ Other: _____
- Mailing Address: _____
- City: _____ State: _____ZIP: _____
- Phone Number: _____
- Email Address: _____

Authorized Representative

Full Name: _____
Title/Position: _____
Date of Birth: _____
Phone Number: _____
Email Address: _____
Photo ID Type & Number: _____

Additional Authorized Users (Optional)

Name Title Phone Email

_____

_____

Cardholder Responsibilities

Please read and initial:
_____ The organization is financially responsible for all materials checked out on the card.
_____ The Library must be notified immediately of changes in contact information or authorized personnel.
_____ The organization will promptly report lost or stolen cards.
_____ The organization agrees to follow all library policies and lending rules.
_____ The card must be presented at checkout unless otherwise authorized by the Library Director.
_____ Authorized users must comply with all Chili Public Library borrowing and conduct policies.

Signature

I certify that the information provided is accurate and that I am authorized to apply on behalf of this organization.
Signature: _____
Printed Name: _____
Date: _____

Library Staff Use Only
Card Number: _____
Date Issued: _____
Staff Initials: _____
Notes: _____

ADOPTED: March 24, 2026