WEST DES MOINES PUBLIC LIBRARY PATRON APPLICATION
Please Print

Name: ____________________________

Last ______________ First ______________ MI __________

Phone __________________________________________________________________________

Type: Cell___ Home___ Work___

Preferred mode of communication for hold notifications: E-mail____ or phone_______

E-mail Address (optional): ___________________________________________________________________

Address ___________________________________________________________________________________

Mailing Address if Different From Above:

_____________________________________________________________________________________

Gender: Male_____ Female_____ Birth Date_____________________________________________________

Guardian: (required for applicants under 18 years of age)

Children 13 and under must be accompanied by a parent or legal guardian in order to apply for a library card.

Do you have a card at one of the following libraries? If yes, would you like the West Des Moines Library barcode affixed to that library card? (You will have one card to carry instead of two cards). Yes_____ No_______

Altoona _______ Clive* _______ Mitchellville _______

Ankeny* _______ Des Moines* _______ Pleasant Hill _______

Bondurant _______ Grimes _______ Polk City _______

Carlisle _______ Johnston _______ Urbandale* _______

Staff Use Only
Contract Libraries: Open Access_____________ _______

Windsor Heights* *three year expiration date

Rural Polk County

02/01/11