

Cleveland Bradley County Public Library

Card Number _____

(Staff Use Only) Processed By _____

The following information is understood to be confidential. It will not be released to any other party and will be used only to conduct library business. Forms are shredded after library use.

Have you ever had a CBCPL library card before? Yes No

Name:

[Last] [First] [Middle]

Address:

[Street] [Apt]

[City] [State] [Zip] [County] - \$15 fee for non-Bradley residents

Do you live inside the Cleveland City Limits? Please circle Y N Not Sure

Contact:

[Email Address]

[Mobile Phone]

[Home Phone]

Would you like to receive pre-overdue and reserve notifications? Yes No

Info:

_____/_____
[Drivers License Number] [State] [D.O.B] mm / dd / yyyy

Age Group: Under 14 (Guardian Must Sign) 14-17 18-54 55+

Name of Parent or Legal Guardian (If Under 18) Parent or Guardian's Driver's License Number/State

Household:

List the name of all family members in your immediate household who have or have had a library card.
Please circle Title VI question on the back of the form. Thank you.

Agreement: I agree to:

- Present my card when checking out materials.
- Be responsible for all materials borrowed; pay fines for overdue materials; and pay for the replacement of lost, stolen, or damaged materials.
- Give notice of change of address and comply with regular updates to my account when my card expires.
- Report the loss or theft of my card.
- Not lend my card or materials to others outside of my household.
- **PARENTS:** Accept responsibility for fines and replacement of lost, stolen, or damaged materials borrowed by my minor child, understanding fines on one household member's card will affect all members of the household. By signing this application parents/legal guardians agree to monitor their minor child's use of library resources and materials.

Cleveland Bradley County Public Library

This is to certify that I hereby apply for the right to use the Cleveland Bradley County Public Library. I have read and understand the above agreement and I will comply with all the library's rules, regulations and policies.

Signature: _____

Date: ____ / ____ / ____

CIVIL RIGHTS ACT OF 1964 – TITLE VI
Data Collection Form

In compliance with **Tennessee Code Annotated 4-21-901** (Title VI Implementation Plans), this public library is collecting the following demographic information. This information will be used for statistical purposes only, and your participation in this process is completely voluntary. **Your name will NOT be attached to the following data.**

Please circle the word that best describes your racial or ethnic category (these categories are from the 2010 U.S. Census):

WHITE

BLACK OR AFRICAN AMERICAN

HISPANIC ORIGIN (OF ANY RACE)

AMERICAN INDIAN OR ALASKAN NATIVE

ASIAN

OTHER