



Library Card Registration Form

Please print legibly. Today's Date: _____

Library Card Number: _____

Email Address: _____

Applicant First Name: _____

Applicant Middle Initial: _____

Applicant Last Name: _____

Street Address: _____

Apartment Number: _____

City: _____

Zip Code: _____

Cell Phone (Group ID): _____

Home Phone: _____

Birth Date: _____

Hold Pick-Up Preference: 24/7 Locker or Inside Desk
(please circle one of the above options)

Please circle your preferred method of communication to receive library notices below:



Email

ALL Notices
Billing & Courtesy notices



Text

Hold pickups, Overdues,
Overdues & Billing



Phone

Hold pickup,

Library Card Agreement (please sign the line below):

I understand that I am responsible for all materials checked out on this card, and for any charges, costs, or fees that may result from the late return, loss, or damage of materials borrowed. I agree to comply with library and system regulations and to give immediate notice of any change of name and/or address to my account. If the library determines that any document I have provided in order to become eligible to borrow books and other materials is counterfeit, bogus, false, forged, specious, unauthentic, illegitimate, phony or otherwise a sham, the Library has the right to make this information available to the appropriate law enforcement authorities for appropriate legal action. This information will be stored in electronic format and this sheet will not be retained. I hereby certify that the information I have provided on this application is truthful and that the documents I have provided are authentic and legitimate.

Applicant Signature: _____

X

For Applicants Under the Age of 18:

I agree to be responsible for my child's compliance of all rules listed above. I am aware that there are no age restrictions on borrowing any library materials and I accept the responsibility for my child's selection of materials and for any fines or fees incurred on my child's card.

I want my child to have FULL access to the Internet at the library (Staff Use: INTERNET) - OR-

I **DO NOT** want my child to have access to the Internet at the library (Staff Use: NOACCESS)

My child (ages 14-17) may have permission to access the Digital Media Lab (DML). (Staff Use: Demographics Tab/ Department/VPDML)

Print Parent Name: _____

Parent Signature: _____

STAFF USE ONLY:	BARCODE # ISSUED:	EXP. DATE OF CARD (90 days or 1 yr from today's date, 18th birthday, or never):	STAFF INITIALS:
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Pick-up preference LOCKER / DESK	LIBRARY PROCESSING INFORMATION LIBRARY CARD WAS:
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Issued at registration	Issued Outreach Event	Location of Outreach Event:
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VILLA PARK LIBRARY CARDS - PLEASE CIRCLE APPLICABLE OPTIONS BELOW

Profile Name (User Registration or Basic Info Tab)	Library (Basic Info Tab)	Type (Demographics Tab)	Age Group (Demographics Tab)	Library Defined (Demographics Tab, Library Defined, choose area resident lives in or school is located in)
VPD_PATRON	VPD	PATRON	Adult Teen Juvenile	VPD_1 VPD_2 VPD_3 VPD_4 VPD_5 VPD_6
VPD_PATRON	VPD	HOME DELIVERY	Adult Teen Juvenile	
VPD_OAKTER	VPD	PATRON	Adult Teen Juvenile	
VPD_NONRES	VPD	FEE CARDS4KIDS (ex. 9/30/26) VETERAN	Adult Teen Juvenile	
VPD_NONRES	VPD	TAXPAYER	Adult Teen Juvenile	
VPD_TEACH (Teacher cards are valid for one year and all teacher cards expire June 30.)	VPD	TEACHER	Adult	VPD_7 (Albright) VPD_8 (Ardmore) VPD_9 (Jackson) VPD_10 (Jefferson) VPD_11 (North) VPD_12 (Salt Creek) VPD_13 (Schafer) VPD_14 (Stella May) VPD_15 (Stevenson) D45 Office: 255 W. Vermont St., VP VPD_16 (Westmore) VPD_17 (York Center) D48 Office: 1110 S. Villa Ave., VP

**NON-SWAN RECIPROCAL BORROWERS
PLEASE CIRCLE APPLICABLE OPTIONS BELOW**

(User Registration or Basic Info Tab)	(Basic Info Tab)	(Demographics Tab)	(Demographics Tab)	(Demographics Tab, NON-SWAN RB, choose town library is in)
NONSWAN_RB	ILL_LIBS	NONSWANRB	Adult Teen Juvenile	Addison Elmhurst Lombard Other: _____ Card verified with home library? Y N Staff Initials: _____
CHICAGO_P	ILL_LIBS	CHICAGO_PL	Adult Teen Juvenile	Card verified with CPL? Y N Staff Initials: _____

NON-RESIDENT FEE CARD	ATTACH A COPY OF TAX BILL
Property's 2025 Net Taxable Value OR monthly rental amount	\$ _____
Multiply by 2025 Tax Rate for Library Service (if owning)	.004119
Equals Total Amount Due for Library Service OR 15% Monthly Rent Total (divide by 4 for quarterly card)	\$ _____
Method of Payment (Circle one):	CASH CHECK CREDIT/DEBIT CARD
Previous Exp. Date: _____ (If applicable)	New Exp. Date: _____ (90 days or one year)

OAKBROOK TERRACE CARD	
Application Number:	_____
Previous Exp. Date: _____ (If applicable)	New Exp. Date: _____ (One year)

TEMPORARY RESIDENCE LIBRARY CARD
6 MONTH EXP. DATE: _____

NON-RESIDENT TAXPAYER CARD	ATTACH A COPY OF TAX BILL
Property Address or Legal Description of the property:	_____
Property Index Number of the Property:	_____
Property Owner Name: (Only 1 card for this property may be issued):	_____
Property Owner Signature:	_____
Previous Exp. Date: _____ (If applicable)	New Exp. Date: _____ (One year)