Library Card Application
Bring completed form with acceptable photo identification and proof of address to any of the Morgantown Public Library System locations.

Please PRINT

Bar Code: 

Last Name: ____________________ First Name: ____________________ Middle Name: ____________________

Mailing Address: ______________________________________________________________

City: ___________________________ State: _______ Zip Code: _________________

Date of Birth (MM-DD-YY): _________________ Drivers License/State ID #: _________________

Telephone: ___________________________ or Cell Phone: ___________________________

Email: ____________________________ @ ____________________________

☐ I would like to receive information about MPLS’ programs, services, and updates
   (Email addresses are NOT shared with any external entities.)

Code of Conduct Agreement:
As a new library patron of the Morgantown Public Library System, I understand these terms:
• I will treat library materials, furniture, facilities, and equipment with care.
• I will behave in a fashion that does not interfere with the duties of the library staff.
• I will comply with all library rules and policies.

Patron Signature: ___________________________________________ Date: ____________

Complete this section for children under 16

Last Name of Parent: ____________________ First Name of Parent: ____________________

• I certify that I am the custodial parent and/or legal guardian of this child. I understand that the library provides access to a broad range of materials and information. I am responsible for my child’s selection of and use of said materials.

Parent’s Signature: ___________________________________________ Date: ____________

--- FOR LIBRARY STAFF ONLY: ---

Patron Type:
City Resident New Patron Adult (16+)
County Resident Temporary Patron Child (4-15)
Out-of-State

Unique ID: _____________ Staff Initials: _____________

Arnettsville Aull Center Clay-Battelle Clinton District Cheat Area Morgantown