

APPLICATION FOR LIBRARY CARD

A South Carolina State Library card is available to adult South Carolina residents with a South Carolina Driver's License. Some collections may be reserved for use by South Carolina State Employees.

PLEASE PRIM	NT			
Title:	(Mr., Mrs., Miss, Ms., Dr., et	c.)		
Full Name:	(First name)	(Middle initial)	()	
	(First name)	(Middle initial)	(Last name)	
Suffix:	ffix: (Jr., Sr., III, etc. optional) SC Driver's License Number:			
Home addre	255:		_	
City:		c	ounty:	
State:		2	ip code	
Home phon	e number			
Email addre	SS			
Check h	ere if you do not want to receiv	e our monthly email nev	vsletter.	
IF A SOUT	H CAROLINA STATE EMPL	OYEE, PLEASE FILL IN	THIS SECTION	
Agency:			Is your agency	on interagency mail?
Division:				
Agency add	ress:			
City:		_ 0	ounty:	
State:		2	Zip code:	
Work phone	e number:		ax number	
Email addre	ss at work:			
assessed for				agree to be responsible for all fines Send forms with digital signatures
			Sigi	nature
-	your library card with you to c	-	s.	
Please retur 803-734-47	n the completed form to the So 57.	outh Carolina State Libra	ry, 1500 Senate St., Colur	nbia, SC 29211, or fax it to
	STAFF ONLY: expirati	on date	Staff Member:	