



Library Card Application

Applicant information:

Name: _____
First Middle Last Suffix

Mailing address: _____
Street City State ZIP

Physical address: _____
Street City State ZIP

Home phone no.: (____) _____ Cell phone no.: (____) _____ Cell phone same as home phone no.

Email address: _____

Chickasaw citizen? Yes No

If yes, a copy of your Chickasaw citizenship card is required.

Chickasaw Nation employee? Yes No

If you are not a Chickasaw citizen, but an employee, a copy of your Chickasaw Nation employee badge is required.

Parent/legal guardian information: (if applicant is under 18 years of age)

Name: _____ Phone no.: (____) _____

By signing below, I agree to the following:

- I accept full responsibility for materials I have checked out to this card.
- I hereby waive, release and discharge the Chickasaw Nation from any and all claims for property damage the borrowed materials might cause to my personal equipment.
- I will notify the Chickasaw Nation Tribal Library when any information I have given has changed.

Applicant signature Date

Parent/legal guardian signature (if applicable) Date

For Office Use Only:

Card no.: _____ Date issued: _____