CORPORATE/ORGANIZATION LIBRARY CARD APPLICATION

715 MARKET AVENUE NORTH, CANTON OH 44702
WWW.STARKLIBRARY.ORG

COMPANY / ORGANIZATION NAME

STREET ADDRESS

CITY..................................................STATE..................................ZIP CODE

COMPANY CONTACT PERSON

(__________)_________ - ___________ EMAIL ADDRESS

PHONE NUMBER

When materials are ready for pickup or overdue, the library will contact the above individual by (choose one):

☐ Phone
☐ Email
☐ Text/Email (provide number)

(__________)_________ - ___________

TEXT NUMBER

Employees allowed access to this card:

NAME 1

NAME 2

NAME 3

ORGANIZATIONAL REPRESENTATIVE

Indicates financial responsibility for material checked out on this SCDL Corporate/Organization Library Card:

SIGNATURE..........................................................DATE.........................................

PRINTED NAME

For questions, please contact the SCDL Main Library Manager at 330.458.2743.

Staff Use Only:  Initials _______  Barcode ________________________________

Send completed application to Main Adult Services Department Manager.