**Oneida Indian Nation Library Card Application**

Library cards are issued free to the following individuals: Oneida Indian Nation members, Children of Enrolled OIN members (COEO), Spouses of enrolled OIN members, Oneida Territory or White Pines residents, registered Oneida Indian Nation Health Center clients, OIN and ONE employees and other tribally enrolled American Indians residing within the counties of Madison, Oneida or Onondaga.

***DIRECTIONS: PLEASE TYPE IN INFORMATION, PRINT, SIGN AND RETURN COMPLETED FORM TO OIN LIBRARY***

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *First Name:* | Click here to enter text. | | *Last Name:* | | Click here to enter text. | | | |
| *Date of Birth:* | Click here to enter text. | | *(if under 18 years old)* | | | | | |
| *Address:* | Click here to enter text. | | | | | | | |
| *City:* | Click here to enter text. | *State:* | Click here to enter text. | | *Zip:* | | | Click here to enter text. |
| *Email:* | Click here to enter text. | | | | | | | |
| *Primary Phone:* | Click here to enter text. | | *Secondary Phone:* | | | Click here to enter text. | | |
| *Eligibility:* | | | | | | | | |
|  | Oneida Indian Nation Member | | | Enrollment #: | | | Click here to enter text. | |
|  | Child of Enrolled Oneida (COEO) | | | Family Affiliation: | | | Click here to enter text. | |
|  | Spouse of Enrolled Oneida Member | | | Family Affiliation: | | | Click here to enter text. | |
|  | Oneida Territory / White Pines Resident | | | Family Affiliation: | | | Click here to enter text. | |
|  | Registered OIN Health Center Client | | | Tribal Affiliation: | | | Click here to enter text. | |
|  | OIN Employee / Team Member | | | Department Affiliation: | | | Click here to enter text. | |
|  | Other Tribally Enrolled American Indian | | | Tribal Affiliation: | | | Click here to enter text. | |
|  | | | | | | | | |

***I agree to the following Terms and Conditions of the Oneida Indian Nation Library***

* *I accept responsibility for all materials checked out on this card, including materials checked out by others with my consent.*
* *I will report all changes of personal information including change of residence, phone or email.*
* *I will report loss, theft, or abuse of this card.*
* *I will comply with all library rules and policies.*
* *I accept responsibility for satisfying charges for all overdue, lost, damaged or irrecoverable library materials incurred prior to my reporting the card lost or stolen.*
* *I understand that the library provides access to a broad range of resources and that it is my responsibility to judge for myself and for my children or minor dependents what resources are appropriate for my/our personal use.*

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *Signature* |  | *Date* |

**FOR OFFICE USE ONLY**

|  |  |  |  |
| --- | --- | --- | --- |
| Card Issue Date: |  | Card # |  |