

TEX SHARE MEMBERSHIP Card # _____

Name of Sponsoring Institution

Last Name

Address

(Area Code) Telephone Number

Social Security Card # License Number & State

E-Mail Address

DATE

Membership Expires

MEMBERS SIGNATURE

TexShare agreement for John F. Moss/Palmer Memorial Library

I _____ agree to abide by the rules and regulations set forth by TexShare, my home library and the lending library. I agree to pay for books and fines that are my responsibility. I understand that if I do not abide by these rules, I will be asked to relinquish my TexShare card and all rights associated with it.

“State law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you.”