

LIBRARY CARD APPLICATION

Initials _____

BC# _____

Educator Card

(Basic)

Name _____
LAST FIRST MIDDLE INITIAL

(Privileges)

SELECT A "PASSWORD." [PIN] (4 Numbers): _____

(Demographics)

GENDER and AGE (User Cat1) FEMALE (1f) _____ MALE (1m) _____
check one

TOWNSHIP _____ BIRTHDATE _____

(School Info)

SCHOOL NAME _____ GRADE _____

SCHOOL PHONE _____

(Addresses)

HOME MAILING ADDRESS

NUMBER/STREET _____ APT. _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ E-MAIL _____

TEXT MSG. NUMBER _____ (if you choose text message for your
(OPTIONAL FOR NOTICES) notices your service provider's normal
text fees will apply)

Notify Me By (Check One)

- Phone
- E-Mail
- Text Msg.
- E-Mail and Text Msg.

BY SIGNING, I CERTIFY I UNDERSTAND AND AGREE TO ABIDE BY THE FOLLOWING LIBRARY REGULATIONS

I agree to observe all rules established by the library. I agree to use my educator card for materials I will be using as an educator, not personal materials. I agree to pay any charges assessed if materials I borrow are damaged or lost and to accept responsibility for any damage incurred to personal equipment resulting from use of library materials. I understand that I am responsible for all materials borrowed on my card. I further agree to report a stolen or lost card immediately.

Signature _____ Date _____