


BUCKS COUNTY LIBRARY SYSTEM

Try something new

Library Card Application

 *If completing in the library, please print clearly and return the form to the library service desk.*

 *If completing online, enter information, print and bring the form to the library service desk.*

STAFF USE ONLY

User Barcode No. _____

UserCat1 (geographic code) _____

Profile Name _____

Last Name _____ First Name _____ M.I. _____

PA Driver's License No. _____ PIN (four digits) _____

Male Female Birthdate (MM/DD/YY) _____ / _____ / _____

Mailing Address _____ P.O. Box/Apt. No. _____

City _____ State _____ Zip _____ Twp./Borough _____ County _____

Street Address _____ P.O. Box/Apt. No. _____

(If different from above)

City _____ State _____ Zip _____ Twp./Borough _____ County _____

Primary Phone _____ Alternate Phone _____

E-Mail _____

PARENT/GUARDIAN (Required if registrant is under 16)

Last Name _____ First Name _____

I agree to:

- Observe all policies and procedures for use of all materials, including electronic tools and resources, established by the Bucks County Public Libraries
- Be responsible for all materials borrowed on my card and/or my child's card
- Pay any fees or charges imposed
- Promptly notify the library of any changes of address, name or loss of card
- Supervise and guide my child in the use of the internet and all other library services and materials

Signature _____ Date _____

Signature of registrant (or Parent/Guardian if registrant is under 16)