

Library Card Application

STAFF USE		
User Cat 1 _____		
<input type="checkbox"/> New Card	<input type="checkbox"/> Renewal	<input type="checkbox"/> Lost Card

Up to 4 people living at the same address can apply using this form. Each person will receive their own library card. Children age 13 and younger must have a parent's or guardian's signature on the application. By signing this application, borrowers agree to accept responsibility for safe return of materials and agree to pay all charges on the account.

Address for all applicants:

Street Address _____

City _____ State _____ Zip _____ Phone _____

Card 1: Last Name: _____ First Name: _____ Middle Initial: _____

Birth date (MM/DD/YYYY) _____/_____/_____ Under 14 Male Female

Email _____ Card # _____ PIN _____
(select 4 numbers)

Signature _____

Card 2: Last Name: _____ First Name: _____ Middle Initial: _____

Birth date (MM/DD/YYYY) _____/_____/_____ Under 14 Male Female

Email _____ Card # _____ PIN _____
(select 4 numbers)

Signature _____

Card 3: Last Name: _____ First Name: _____ Middle Initial: _____

Birth date (MM/DD/YYYY) _____/_____/_____ Under 14 Male Female

Email _____ Card # _____ PIN _____
(select 4 numbers)

Signature _____

Card 4: Last Name: _____ First Name: _____ Middle Initial: _____

Birth date (MM/DD/YYYY) _____/_____/_____ Under 14 Male Female

Email _____ Card # _____ PIN _____
(select 4 numbers)

Signature _____

PARENT/GUARDIAN REQUIRED IF REGISTRANT IS UNDER 14

Information about a child's checkouts is protected by PA privacy law. We can't give you this information without your child(ren)'s permission. We'll give you information over the phone or in person, but only if your child is on the line or with you. Please keep a record of your child(ren)'s card number(s). Using the same PIN for the family lets you use MY Account at www.buckslib.org to manage your child(ren)'s checkouts. Using the family e-mail address lets you receive your child(ren)'s notices.

Parent/Guardian Agreement: I accept responsibility for safe return of materials my child borrows. I will pay all charges on his/her account. I will make sure he/she follows all regulations and procedures outlined in library policy.

Parent/Guardian Print Name: _____ Signature: _____

For adult borrowers only: Please sign me up for the library newsletter. We will not share your e-mail with a third party or use it for anything but library communication.