Library Card Application

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.