

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 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.

STAFF USE		
Card number:	_____	
Subscription Type:	_____	
Selection (Geo Code):	_____	
<input type="checkbox"/> New Card	<input type="checkbox"/> Renewal	<input type="checkbox"/> Lost Card

All Applicants

Street: _____ City: _____

State: _____ Zip: _____ Phone: _____

Card 1

Last name: _____ First name: _____ Middle initial: _____

Birth date: _____ Under 14 E-mail: _____

Card number: _____ Choose a PIN: _____ Signature: _____

Please keep my checkout history Please e-mail me library news and updates (adult borrowers only)

Card 2

Last name: _____ First name: _____ Middle initial: _____

Birth date: _____ Under 14 E-mail: _____

Card number: _____ Choose a PIN: _____ Signature: _____

Please keep my checkout history Please e-mail me library news and updates (adult borrowers only)

Card 3

Last name: _____ First name: _____ Middle initial: _____

Birth date: _____ Under 14 E-mail: _____

Card number: _____ Choose a PIN: _____ Signature: _____

Please keep my checkout history Please e-mail me library news and updates (adult borrowers only)

Card 4

Last name: _____ First name: _____ Middle initial: _____

Birth date: _____ Under 14 E-mail: _____

Card number: _____ Choose a PIN: _____ Signature: _____

Please keep my checkout history Please e-mail me library news and updates (adult borrowers only)

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'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's card number and password so you can use My Account at buckslib.org to manage checkouts. Register with your family e-mail address to receive your child's notices.

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

Print Name: _____ Signature: _____