

# Library Card Group Application

- Up to four 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, to pay all charges on the account, and to follow all regulations and procedures outlined in library policy including the Use of Patron Data in Library Advancement.

## 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

## 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

## 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

## 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

### 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](http://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 including the Use of Patron Data in Library Advancement.

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_



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