Baldwin City Library Card Application

Last Name_______________________ First Name_____________________________ Middle Name________________

Street Address ________________________________________________________ Apt. #________ P.O. Box ________

City, State, Zip_____________________________________________________________________________________

Home or Cell Phone (circle one) ______________________________________________

Gender:    M       F

Work Phone _____________________________________________Date of Birth _______________________________

This person is authorized to access my account (pay fines, pick up holds, etc.) __________________________________

Communication

 Email address: ________________________________

All notifications about library materials will be sent to this email address

 Check here if the library has permission to send occasional information to this email address.  

 If you don’t check your email regularly, check here to receive notifications by phone.

 Username _________________________________   Password _________________________________

This will allow you to use the online catalog at home to renew and place holds on items.

 Please check here if the library has permission to send you text messages about your account (holds, overdue

items, etc.)

If yes, please include your cell phone provider and your cell phone number where you wish to receive texts:

____________________________________________________________________________________

Your service provider may charge you for texts, please check with your service provider.

For Children (to be completed by parent/legal guardian)

 Applicants must be at least 6 years old.

 Applications for those under 14 years old must be signed (at bottom) by a parent/legal guardian.

 Children ages 8 and under must be supervised by an adult in the library, including on the computers.

 Please check here if your child can check out movies rated PG-13 or below.

 Parent/Legal Guardian Name (Please PRINT) ________________________________________________

 Second parent/guardian authorized to access account ________________________________________

Would you like a State Library Card to download e-books or e-audiobooks and access databases?  YES    NO

Borrower’s Responsibility

 I accept all responsibility for all material checked out on my or my child’s (under age 14) library card, as well as all charges which may accrue.

 I will abide by the circulation policies of the Baldwin City Library.

 I will notify the library if my contact information changes or my card is lost.

________________________________    ______________________________________    _____________
Cardholder Signature                                     Parent/Guardian Signature                                        Date

STAFF USE ONLY

LIBRARY CARD NUMBER 1 0 0 3 0 1 9 0 0

City        Non-City  Patron Type:    A       J

Staff Initials _______  Date _____________

Revised 1/19