

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 _____