BALLSTON COMMUNITY PUBLIC LIBRARY

Library Card Application

First Name: _____ Middle Name: _____

Last Name: _____ Birth Date: _____

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FOR PATRONS 12 AND UNDER

Responsible Party Description (Parent, Grandparent, Guardian, etc.): _____

First Name: _____ Last Name: _____

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Home Address:

Street: _____

_____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Mobile Carrier: _____

Email Address: _____

Select A Notification Preference:

Notification Option: ☐Mail ☐Email ☐Text Additional Text Notice: ☐Yes ☐No

Would you like to receive e-receipt Option: ☐Yes ☐No

Would you like to receive our bi-weekly e-newsletter with programs and events? ☐Yes ☐No

Authorized names to pick up holds on your behalf:_____

READ CAREFULLY:

I agree to observe all rules established by the library and will be responsible for all materials borrowed on this library card. I also agree to pay all charges imposed for lost or damaged library materials. I will notify the library if this library card is lost or if there is a change in name, address, email, or phone number.

Signature: _____ **Date**: _____

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STAFF ONLY

Card Barcode: _____ Date: _____ Staff Initials: _____

State ID Number: _____ State: _____

Name on ID: _____

☐ Check this box if you have verified the address