



BALDWIN PUBLIC LIBRARY Library Card Application Form

Name: Last

IDENTIFYING INFORMATION

Name

Last

First

Middle

____/____/____
Birthdate

Alternate ID (Allows you to log into your account online without typing your barcode.)

First

CONTACT INFORMATION

Resident address (See reverse for employer address or property address.)

Street

City State Zip

(____)____-_____
Primary phone

(____)____-_____
Secondary phone

Middle

Email address (Used to send hold notices, overdue notices, and courtesy reminders.)

STATEMENT OF RESPONSIBILITY

I certify that the information on this form is correct. I agree to abide by the rules and regulations of the library and accept full responsibility for all materials checked out on this card (including all fines and damages charged). I will give notice of any change in my address or loss of my card.

I understand it is my responsibility to check my patron account and that Baldwin Public Library cannot be held responsible for notices that do not reach my address (mail or email).

If I wish to have someone pick up a hold that has been placed on my account, I will complete and sign the Written Consent Form of Use of Library Card.

Patron signature

____/____/____
Date

