

Address verified

ID verified

Code

Dup check

Bellingham Public Library Youth Library Card Application Ages Birth - 17

Staff Initials

Stat Class

Name:		
Last	First	M.I.
Birthdate: / /	Email Address:	
MM DD YYYY		
Address:		
City:	7IP·	
- 72		
Phone:	Cell:	
Receive overdue/hold notices by:	Email Phone Phone	
nessite everage/floid floilees by.	Text Msg Wireless Carrier	
	TOXT WIS	
Names of individuals who may pick up he	eld items for child/teen (In addition to parent ope	ening account):
Names of other adults who are authorized	to access or undate information for this access	a+•
names of officer adolls who are admonzed	d to access or update information for this accou	11.
Please read and understand before signing yo	our agreement below:	
I am responsible for all materials borrowe	ed on my child's account.	
It is my responsibility to promptly notify the account information updates.	ne library with any change of address, the loss of this c	ard, or any other
account information updates.	ne library with any change of address, the loss of this call library policies. Not complying with library policies	
 account information updates. My child will be required to comply with borrowing and/or library privileges. 		
 account information updates. My child will be required to comply with a borrowing and/or library privileges. I am responsible to promptly pay for fees 	all library policies. Not complying with library policies	may result in loss of
 account information updates. My child will be required to comply with a borrowing and/or library privileges. I am responsible to promptly pay for fees I understand with this library card my chil Internet Use Policy. Bellingham Public Library (BPL) may occor 	all library policies. Not complying with library policies s and damages charged to my child's account.	may result in loss of
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