



Bellingham
Public Library

Adult Library Card Application

Name: _____
Last First M.I.

Birthdate: ____/____/____ Email Address: _____
MM DD YYYY

Address: _____

City: _____ ZIP: _____

Phone: _____ Cell: _____

Receive overdue/hold notices by:

Email ☐

Phone ☐

Text Msg ☐

Wireless Carrier _____

Names of individuals who may pick up held items for me (Up to 2 names):

Please read and understand before signing your agreement below:

- I am responsible for all materials borrowed on my account.
- It is my responsibility to promptly notify the library with any change of address, the loss of this card, or any other account information updates.
- I agree to comply with all library policies.
- Not complying with library policies may result in loss of borrowing and/or library privileges.
- I am responsible to promptly pay for fees and damages charged to my account.
- I understand with this library card I will have access to the internet and agree to comply with the *Internet Use Policy*.
- Bellingham Public Library (BPL) may occasionally send information about library programs and services to the contact information I have provided. BPL will not share or sell my personal information.

I accept responsibility for the use of this card.

Signature of applicant

Date

Staff Use Only

Dup check _____ Address verified _____ ID verified _____ Code _____ Stat Class _____ Staff Initials _____