Bellingham Public Library

Adult Library Card Application

Name:						
Last	First	M.I.				
Birthdate: / /	Email Address:					
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 <i>initial</i> your agreement to each statement below:						
I understand that I am responsible for all materials borrowed on my account.						
I understand that I am responsible to promptly pay fines, fees and damages charged to my account.						
I agree to comply with all library policies.						
I understand that failure to comply with library policies may result in loss of borrower privileges.						

- I understand 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 understand with this library card I will have access to the internet and agree to comply with the Internet Use Policy.
- I understand that the Bellingham Public Library (BPL) may occasionally send information about library programs and services. 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