Bellingham Public Library

# Adult Library Card Application

Name: _____
Last First M.I.

Birthdate: ____ / ____ / ____
MM DD YYYY

Address: _____

City: _____ ZIP: _____

Email Address: _____ Phone: _____

Receive overdue/hold notices by: (Choose one) Email ☐ Phone ☐

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

_____ _____

Please ***initial*** 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_____ Btype_____ Staff Initials_____ Checked_____