BCS PUBLIC LIBRARIES

LIBRARY CARD APPLICATION

Please present this form in person with a photo ID and proof of your current address

Last Name	First Name	Middle Name	DOB (mm/dd/yyyy)
			_____/_____/_____

Residence Address	City	County	Zip Code

Mailing Address (*if different than above)*	City	Zip Code

Phone Number ( ) -	Email Address

Voter Registration: *Would you like to register to vote?*

☐Yes ☐No ☐ Already registered ☐Not eligible

I agree to abide by the policies of the library. I will give immediate notice of loss of this card. I understand that this card must be presented to borrow materials.

SIGNATURE_____ ***DATE*** _____/_____/_____

OPTIONAL: Children (*child must be present to receive card*)

Last Name	First Name	MI	DOB (mm/dd/yyyy)
			_____/_____/_____
			_____/_____/_____
			_____/_____/_____
			_____/_____/_____

For Staff use only:

Type of ID_____ ID #_____ Number of cards issued _____ STAFF INITIALS _____