# BALDWIN PUBLIC LIBRARY
Library Card Application Form

Resident, Property Owner, and Reciprocal Cards are valid for 3 years.
Employee Cards are valid for 1 year.

## IDENTIFYING INFORMATION

Name

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
</table>

Birth date

Alternate ID (Allows you to log into your account online without typing your barcode.)

## CONTACT INFORMATION

Resident address (See reverse for employer address or property address.)

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

Primary phone

Secondary phone

Email address (Used to send hold notices, overdue notices, and courtesy reminders.)

## STATEMENT OF RESPONSIBILITY

I certify that the information on this form is correct. I agree to abide by the rules and regulations of the library and accept full responsibility for all materials checked out on this card (including all fines and damages charged). I will give notice of any change in my address or loss of my card.

I understand it is my responsibility to check my patron account and that Baldwin Public Library cannot be held responsible for notices that do not reach my address (mail or email).

<table>
<thead>
<tr>
<th>Patron signature</th>
<th>Date</th>
</tr>
</thead>
</table>
PARENT OR GUARDIAN STATEMENT OF RESPONSIBILITY

Children under the age of 18 must have the signature of their parent or guardian. As parent or guardian of the child named above, I give permission for him/her to borrow materials from the library. I agree to pay all fines and damages to his/her card, to be responsible for supervising his/her selection of materials, and to make sure he/she obeys library rules.

____________________________________  __________________________
Parent or guardian signature                  Date

EMPLOYER ADDRESS (for those employed in resident or contract service areas)

____________________________________  __________________________
Employer name                              Employer phone

____________________________________  __________________________
Street

________________________  ____________  ____________
City               State          Zip

Proof of employment (to be completed by staff)  __________________________

PROPERTY ADDRESS (for property owners in resident or contract service areas)

____________________________________
Street

________________________  ____________  ____________
City               State          Zip

Proof of property ownership (to be completed by staff)  __________________________

STAFF USE
Patron barcode  __________________________

Profile name:  PUBLIC / PUBLIC-E / CONTRACT / CONTRACT-E / BLOOMFIELD / RECIPROCAL

User category  __________________________

Registration initials  __________________________  Verify initials  __________________________

Registration date  __________________________  Verify date  __________________________