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

Last Name ___________________________ First Name ___________________________ Middle Name ___________________________

Birth date ___________________________ □ Check here if a minor (See reverse for Parent/Guardian Statement of Responsibility)

CONTACT INFORMATION & NOTIFICATION PREFERENCE

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

Street Address ___________________________

City ___________________________ State ___________________________ Zip ___________________________

Primary phone ___________________________ Secondary phone ___________________________

□ Check here if you wish to receive text notifications (checkout receipts, hold notices, and overdue reminders)

If checked, what is your phone carrier? ________________________________________________________________

Email address (Used to send checkout receipts, 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).

______________________________________________________________
Patron signature ___________________________ Date ___________________________

Do you wish to permit another patron to check out your hold(s)? □ Yes □ No

If yes, please print their name: ________________________________________________________________
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 printed name  Parent or guardian signature  Date

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

___________________________
Employer name

_________________________
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 ________________________________

Patron Code:  PUBLIC / PUBLIC-E / CONTRACT / CONTRACT-E / RECIPROCAL

Statistical Class (demographic): ________________________________

Registration initials ___________________________  Verify initials ___________________________

Registration date ___________________________  Verify date ___________________________