



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 _____