

Patron Card Application

DATE _____

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

ADDRESS _____ APT. NO. _____

CITY/TOWNSHIP _____ ZIP CODE _____

HOME TELEPHONE _____ CELLPHONE _____

Attendance at a program implies consent to be photographed/videotaped for library marketing purposes.

BIRTH MONTH _____ BIRTH DAY _____ BIRTH YEAR _____
Female Male Non-Binary

Choose a 4 digit PIN: Required to access account online _____

I wish to receive text messages about notifications of my holds, overdue materials and fines.

IDENTIFICATION (driver's license, etc.) _____ EMAIL ADDRESS _____ Initial here _____

FOR ADULTS: I hereby apply for a borrower's card and agree to abide by the rules and regulations of the Library, to pay all fines and damages charged to my card. ***I understand that the library refers delinquent accounts to a collection agency.*** I must give immediate notice of a lost card, change of address, telephone number, and email address.

FOR LIBRARY USE ONLY	BARCODE
<input type="checkbox"/> NON-RESIDENT (FEE)	
<input type="checkbox"/> COURTESY	STAFF INITIALS
<input type="checkbox"/> MILibraryCard	
<input type="checkbox"/> STUDENT	NOTIFICATION (circle): EMAIL TEXT

Signature _____

FOR CHILDREN (under the age of 17)

When I write my name on this form, I promise to take good care of the materials I use in the library and at home, and to obey the rules of the library. _____
Child's signature

[Under Section 3 of the Michigan Library Privacy Act, MLC 397-601 et seq., a library may not release a minor child's library records unless the parent or legal guardian of the minor child completes and signs this form.]

I hereby declare that:

- (1) (Circle one) I am the mother / father / legal guardian of the minor child applying for this library card; and
- (2) I accept full responsibility for return of library materials checked out by the above-named child, as well as liability for payment for the child's overdue fines and damaged or lost materials; and
- (3) I give consent for the release of all of my child's library records to _____

(PRINT) Responsible person's name: _____

Responsible person's signature: _____ Date of birth: _____

Driver's license number: _____

Witness: _____
Library Staff Initials