



Bell Memorial Public Library
Application for Library Card

Identification Required: ____ Photo I.D. (Student I.D.) ____ Proof of Current Address (Drivers license, checkbook etc.)

Patron Information:

Birthdate: _____ **Gender:** _____

Name (Last, First, MI)

Please Print: _____

Mailing Address: _____

City/State/Zip: _____

Township: _____ **County:** _____

Home Telephone #: _____

Alternate Telephone #: _____

E-Mail Address: _____

Would you like to access your Library account online? _____

Acceptance of responsibility (Read Carefully)

- I will be responsible for all materials checked out on this card and will notify the Library if my card is lost/stolen or if I have a change of address.
- I will comply with all library rules and policies and I understand that there will be charges for overdue, lost, damaged and stolen library materials.

Signature: _____

Parent or Legal Guardian Name if under 16, Please Print:

Parent or Legal Guardian Signature:

LIBRARY USE ONLY – Type of Registration

Card Category

<input type="checkbox"/> New Patron	<input type="checkbox"/> Local Resident	Card # issued: _____
<input type="checkbox"/> Lost Card	<input type="checkbox"/> Valley Student	
<input type="checkbox"/> Address/Name Change	<input type="checkbox"/> Reciprocal	Proof of Current Address: _____
<input type="checkbox"/> Renewal	<input type="checkbox"/> Out of Area	Photo ID type: _____

Staff Initials: _____