

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: \_\_\_\_\_

Name (Last, First, MI)

Please Print:

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Township: \_\_\_\_\_ County: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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 signature: for card holder under 16

Internet  video  restricted video

Signature: \_\_\_\_\_

**LIBRARY USE ONLY – Type of Registration**

Staff Initials: \_\_\_\_\_

Resident  Plac  Membership  Reciprocal  Valley Student