Library Card Application

Up to 4 people living at the same address can apply using this form. Each person will receive their own library card. Children age 13 and younger must have a parent's or guardian's signature on the application. By signing this application, borrowers agree to accept responsibility for safe return of materials and agree to pay all charges on the account.

Address for all applicants:

Street: _____ City: _____

State:_____ Zip:_____ Phone: _____

Card 1: Last Name: _____ First Name: _____ Middle Initial: _____

Birth date (MM/DD/YYYY) ____ / ____ / _____ Email: _____ Under 14 ☐

Card #_____ PIN: ____ ____ ____ ____ Signature: _____

Yes ☐ No ☐ Please clear my checkout history.

[By selecting YES, you will not be able to view past checkouts or generate personal recommendations].

Card 2: Last Name: _____ First Name: _____ Middle Initial: _____

Birth date (MM/DD/YYYY) ____ / ____ / _____ Email: _____ Under 14 ☐

Card #_____ PIN: ____ ____ ____ ____ Signature: _____

Yes ☐ No ☐ Please clear my checkout history.

[By selecting YES, you will not be able to view past checkouts or generate personal recommendations].

Card 3: Last Name: _____ First Name: _____ Middle Initial: _____

Birth date (MM/DD/YYYY) ____ / ____ / _____ Email: _____ Under 14 ☐

Card #_____ PIN: ____ ____ ____ ____ Signature: _____

Yes ☐ No ☐ Please clear my checkout history.

[By selecting YES, you will not be able to view past checkouts or generate personal recommendations].

Card 4: Last Name: _____ First Name: _____ Middle Initial: _____

Birth date (MM/DD/YYYY) ____ / ____ / _____ Email: _____ Under 14 ☐

Card #_____ PIN: ____ ____ ____ ____ Signature: _____

Yes ☐ No ☐ Please clear my checkout history.

[By selecting YES, you will not be able to view past checkouts or generate personal recommendations].

PARENT/GUARDIAN REQUIRED IF REGISTRANT IS UNDER 14

Information about a child's checkouts is protected by PA privacy law. We can't give you this information without your child's permission. We'll give you information over the phone or in person, but only if your child is on the line or with you. Please keep a record of your child's card number and PIN so you can use My Account at *www.buckslib.org* to manage checkouts. Register with your family e-mail address and you'll receive your child's notices.

Parent/Guardian Agreement: I accept responsibility for safe return of materials my child borrows. I will pay all charges on his/her account. I will make sure he/she follows all regulations and procedures outlined in library policy.

Parent/Guardian Print Name:_____ Signature: _____

Yes ☐ No ☐ For Adult borrowers only: Please sign me up for news and updates from the library

[We will not share your e-mail with a third party or use it for anything but library communication].

BCFL Bucks County Free Library

Visit our website *www.buckslib.org*