



Burleigh County Bookmobile

Library Card Application

PLEASE PRINT LEGIBLY

Name (Last, First, Middle Initial) _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (home) _____ (cell) _____ Notices via text? Yes! No!

Email Address: _____
(Provide only if you prefer to receive notices via email and you are able to check your email on a regular basis)

4-digit PIN (Required to access your account and electronic resources online) _____

Date of Birth (month/day/year) _____

Age (Choose one): ____ 12 and under (minor) ____ 13-17 (minor) ____ 18 and over (adult)

Patrons under 18:

Students– School: _____

Parent/Guardian (Print name): _____

***Parent/Guardian is responsible for all library card activity and fines accrued by minor.**

Please **initial** and provide signature below.

_____ I agree that I am responsible for all materials checked out with this card.

_____ If I do not return borrowed items on time, I will pay overdue charges.

_____ I will report its loss or theft immediately (subject to pay replacement cost).

_____ I agree to inform the library of any changes in my address, telephone number or email address.

(Patron or Parent/Guardian Signature)

(Date)