



Library Card Application

NAME _____
LAST FIRST MI

STREET ADDRESS _____ APT / Lot # _____

CITY _____ TOWNSHIP _____ COUNTY _____ STATE _____ ZIP _____

PHONE (____) _____ EMAIL _____

DATE OF BIRTH ____ / ____ / ____

Receive notices & updates via (choose one) Text ____ Email ____

Do you want to receive BCLS News & Events by email? _____

Please choose a four-digit PIN ____ ____ ____ ____

Card Holders

Signature _____

Date _____

Cardholders are responsible for all materials borrowed on their BCLS Card.

Office use only

Location code

To change BWP default location to a different branch email Janice @ Wirt with card number, name and location of choice.

Self Registered Card

Need to merge patron cards if using apps over-drive/Libby

Old card _____ with

New card _____

Email Cassandra the information crace@baycountylibrary.org

PARENT or LEGAL GUARDIAN INFORMATION (required for applicants under age 18)

NAME _____
LAST FIRST MI

STREET ADDRESS _____ APT # _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

PHONE (____) _____

Signature of parent/guardian _____ Date: _____

Please print name _____

RELEASE OF MINOR CHILD'S LIBRARY RECORDS

Under Section 3 of the Michigan Library Privacy Act, M.C.L. 603, a library shall not release or disclose a library record or portion of a library record to a person without the written consent of the person liable for payment for or return of the materials identified in that library record. Only the parent or legal guardian who has certified, by signature, that he or she has accepted responsibility for the materials borrowed on a card, may authorize disclosure of the library records relating to that card.

Name of minor child (please print) _____

I hereby declare that:

(1) **I am the mother/father/legal guardian (circle one) of the above-named minor child and**

(2) I certified on the Bay County Library System Library Card Application in the name of the minor child named above that I would accept full responsibility for materials borrowed on the card issued to that child

(3) **Guardian** I give consent for the release of the child's library records to the people listed below:

Please print names (write *self* if the records are to be released to you)

Guardian Signature _____ Date: _____