

Library Card Application

| NAME | | | |
|--|---|---|--|
| LAST | FIRST | | MI |
| STREET ADDRESS | | | APT/Lot # |
| CITYTOWNSHIP | COUNTY | STATE | ZIP |
| PHONE () EMA | ML | | · |
| DATE OF BIRTH / / | | | |
| Receive account notifications via (choose one | e) Text Email | | |
| Do you want to receive BCLS News & Events | s via email? Yes N | 0 | |
| Please choose a four-digit PIN | | | |
| Cardholder's Signature | | Date | |
| Cardholders are responsible for all materia borrowed on their BCLS Card. | ls | | |
| PARENT or LEGAL GUARDIAN INFO | DMATION (required | for overlinent | dov.o 40\ |
| <u> </u> | RWATION (required | tor applicants | s under age 18) |
| | | Tor applicants | , |
| NAMELAST | FIRST | | MI |
| NAMELAST STREET ADDRESS | FIRST | | MI APT# |
| NAMELAST | FIRST | | MI APT# |
| NAMELAST STREET ADDRESS CITY | FIRST COUNTY | STATE | MI APT# ZIP |
| NAMELAST STREET ADDRESS CITY PHONE () | FIRST COUNTY | STATE | MI APT# ZIP |
| NAMELAST STREET ADDRESS CITY PHONE () Signature of parent/guardian | FIRST COUNTY DS L. 603, a library shall not release for payment for or return of the release. | or disclose a library r | MI APT # ZIP Date: record or portion of a library record that library record. Only the paren |
| NAME | FIRST COUNTY COUNTY DS L. 603, a library shall not release e for payment for or return of the right she has accepted responsibility one) of the above-named micrary Card Application in the na | or disclose a library restricted in for the materials born | MI APT # ZIP Date: record or portion of a library record that library record. Only the paren rowed on a card, may authorize |
| LAST STREET ADDRESS CITY PHONE () Signature of parent/guardian Please print name RELEASE OF MINOR CHILD'S LIBRARY RECOR Under Section 3 of the Michigan Library Privacy Act, M.C. to a person without the written consent of the person liable or legal guardian who has certified, by signature, that he of 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 of (2) I certified on the Bay County Library System Lib | FIRST COUNTY DS L. 603, a library shall not release e for payment for or return of the right she has accepted responsibility Dne) of the above-named minary Card Application in the name he card issued to that child | or disclose a library rematerials identified in for the materials born | MI APT # ZIP Date: record or portion of a library record that library record. Only the paren rowed on a card, may authorize |
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