



The Blythe Library

Library Card Application

Family Memberships

Initial _____
(date)
Up-date _____
(date)
Library Card # _____

Head of Household info:

Name _____ DOB _____ Sex: M F
(circle one)
Mailing Address _____ Apt. or Lot# _____
City _____ State _____ Zip _____

Physical Address (if different than Mailing Address) _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email _____ We will send out due date or overdue

reminders. Would you like to receive a newsletter, if published by The Blythe Library? ____yes ____no

Other Family Member info:

Name _____ DOB _____ Sex: M F
(circle one)

Name _____ DOB _____ Sex: M F
(circle one)

Name _____ DOB _____ Sex: M F
(circle one)

Name _____ DOB _____ Sex: M F
(circle one)

Name _____ DOB _____ Sex: M F
(circle one)

Name _____ DOB _____ Sex: M F
(circle one)

FOR OFFICE USE

Did You Verify:

_____ Address? _____ State Issued Photo ID? (18+)

_____ All questions answered on application

Staff Name _____

LIBRARY CARD NUMBER
affix bar code or write number here

BORROWER'S AGREEMENT

Read Before Signing!

I agree:

- To be responsible for all materials borrowed with my card.
- To pay all fines and fees associated with my card.
- To report the loss, theft, or abuse of my card immediately. I understand that I am responsible for all fines and fees and any items checked out on my card prior to being reported lost or stolen.
- To report changes in my account information.
- To update contact information, as needed.

Providing false information in this application could result in loss of use of The Blythe Library's services.

Signature:

X _____ Date _____

PARENT/GUARDIAN AGREEMENT

Select the profile for this borrower (required):

_____ **Unlimited Access:** Borrower will be able to check out all circulating materials.

_____ **Limited-Juvenile:** Borrower will be limited to checking out materials cataloged for children.

As a parent or legal guardian of this borrower under the age of eighteen, I agree:

- To be responsible for this borrower's selection and use of library materials.
- To pay all fines and fees associated with this card.
- To report the loss, theft, or abuse of this card immediately. I understand that I am responsible for all fines and fees and any items checked out on this card prior to being reported lost or stolen.
- To report changes in this account's information.

Applicants under the age of 18 will be required to complete a new library card application upon turning 18.

Providing false information in this application could result in loss of use of The Blythe Library's services.

Name and Signature of Parent/Guardian:

(Please Print) _____
(Last) (First) (MI)

Your Signature:

X _____ Date _____