PATRON CARD APPLICATION

DATE_____

LAST NAME

FIRST NAME

MIDDLE NAME

ADDRESS

APT. NO.

CITY/TOWNSHIP

ZIP CODE

PHONE NUMBER

ALTERNATE PHONE NUMBER

BIRTH MONTH

BIRTH DATE

BIRTH YEAR

MALE

FEMALE

IDENTIFICATION NO. (DRIVER'S LICENSE, MICHIGAN I.D.)

FOR ADULTS (MINORS SEE BACK)

I HEREBY APPLY FOR A BORROWER'S CARD AND AGREE TO ABIDE BY THE RULES AND REGULATIONS OF THE LIBRARY: TO PAY ALL FINES AND DAMAGES CHARGED TO MY CARD; AND TO GIVE IMMEDIATE NOTICE OF A LOST CARD OR A CHANGE OF ADDRESS. FOR YOUR PRIVACY, MICHIGAN LAW PROHIBITS THE CONTENTS OF YOUR BORROWING RECORD FROM BEING SHARED. IF YOU WISH TO AUTHORIZE ACCESS TO OTHERS YOU MAY DO SO BY PRINTING THE PERSON(S) NAME BELOW. IF YOU DO NOT WISH ANY PERSON TO HAVE THIS PRIVILEGE, PLEASE PRINT **NO.**

_____

PERSONS AUTHORIZED TO ACCESS MY ACCOUNT

_____

PATRON SIGNATURE

CHOOSE A 4-DIGIT PIN

YOUR PIN ENABLES YOU TO ACCESS YOUR ACCOUNT ONLINE AND VIA OUR AUTOMATIC PHONE LINE.

PLEASE INDICATE HOW YOU WOULD LIKE TO BE NOTIFIED OF AVAILABLE HOLD MATERIALS AND OVERDUE MATERIALS:

PHONE

EMAIL

*EMAIL ADDRESS:_____

*PLEASE BE SURE THAT YOUR EMAIL WILL ACCEPT NOTICES FROM troylibrarynotices@troymi.gov

FOR LIBRARY USE ONLY

USER ID:_____

FOR CHILDREN (UNDER AGE 18)

WHEN I WRITE MY NAME ON THIS FORM, I PROMISE TO TAKE GOOD CARE OF MATERIALS I USE IN THE LIBRARY AND AT HOME AND TO OBEY THE RULES OF THE LIBRARY.

CHILD'S SIGNATURE

FOR PARENTS OR LEGAL ADULT GUARDIANS

I HEREBY DECLARE THAT:

(1) I AM THE **MOTHER / FATHER / LEGAL GUARDIAN** (CIRCLE ONE) OF THE MINOR CHILD APPLYING FOR THIS CARD; AND

(2) I ACCEPT FULL RESPONSIBILITY FOR RETURN OF LIBRARY MATERIALS CHECKED OUT BY THE ABOVE-NAMED CHILD, AS WELL AS LIABILITY FOR PAYMENT FOR THE CHILD'S OVERDUE FINES AND LOST OR DAMAGED MATERIALS;

(3) I UNDERSTAND THAT THE RESPONSIBILITY FOR MINOR'S ACCESS TO AND USE OF LIBRARY MATERIALS RESTS WITH THEIR PARENTS OR LEGAL GUARDIANS;

(4) I GIVE CONSENT FOR THE RELEASE OF THE CHILD'S LIBRARY RECORDS TO*:

RESPONSIBLE PERSON'S NAME (PRINT)

RESPONSIBLE PERSON'S SIGNATURE

RESPONSIBLE PERSON'S IDENTIFICATION NO.(DRIVER'S LICENSE, ETC)

****

FOR THOSE WHO WORK OR GO TO SCHOOL IN TROY

BUSINESS/SCHOOL NAME

BUSINESS/SCHOOL TELEPHONE

BUSINESS/SCHOOL ADDRESS

ATTACH BUSINESS CARD IF AVAILABLE

CITY

ZIP CODE