

APPLICATION FOR BEDFORD PUBLIC LIBRARY CARD		
First Name	Middle Name	Last Name
Teens (12-17) Guardian's Full Name		Birthdate
Home Address		Mailing Address (if different from Home Address)
City		State, Zip, County
Email (for notifications)		Phone Number

PLEASE READ AND SIGN

By signing below, I accept the responsibility for all materials borrowed on my/my child's library card issued through this application. I agree to abide by the Library's policies. I also agree to pay any costs associated with collection, late fees, lost, stolen, or damaged items checked out on this card. I will notify the Library immediately if my/my child's card is lost or stolen, or when any information I have given changes. I understand this card may only be used by the person to which it is issued.

GUARDIAN INFORMATION - IF APPLICANT IS UNDER AGE 12

The Library does not act in place of or in the role of a parent. It is the guardian's responsibility to monitor the child's materials and viewing choices.

FOR LIBRARY USE ONLY:

Staff Initials:

User ID/Barcode:

Date:

Double Checked By: