Cardholder Name	(please print)) `	
				4 nı	ımbers only
First	Middle Initial		Last		
Preferred First Name					
Local Address					
					_
No.	Street				
City.	Country	Ctata	7in Codo /7in		
City	County	State	Zip Code (Zip	(+4)	
Permanent Address(If different from above)	No.	Street			_
(ii dillereni ironi above)	IVO.	Sucei			
	City	State	Z	p Code (Zip + 4)	_
	•			,	
Telephone ()_	Date of Birth Month/Day/Year				_
E-mail			•		
Notifications					
	d of Notification for Over	due Lost and Request Its	ame:	E-mail	 Telephone
	tesy. Failure to get a notice do				
fines and/or fees incurred	n, I accept responsibility for d for overdue, lost, damage telephone number or loss/	d or stolen items. I will imm			
Applicant Signature			Date	·	
☐I am NOT interested i	n receiving periodic update	s about Library services, p	rograms and activities,	at this time.	
	For You	th Application Only	(Under 17)		
Parent/Legal Guardia	n Name		A4: 1 II 1 2:: 1		
		First	Middle Initial	Last	
Parent/Legal Guardial (If different from above)	n AddressNo.			Street	
	City	State	•	Zip Code (Zi	p + 4)
Parent/Legal Guardia					
I acknowledge and acce	on I authorize the B&ECPL ept responsibility for the use or my child to: (please check	of the card.	ard to borrow library ma		
The Library does not ac	t in the place or role of the p	parent.			
	a wide variety of videos, inc are appropriate for your chi os, DVDs & Blu-Rays.				
Parents/Legal Guardian	s are also responsible for th	ne supervision of their child	's Internet activity.		
Parent/Legal Guardian	Signature			Date	
				Buffalo & Eric	e County Public

Staff Use Only

Patron ID #10001 ____ Date ____

