Cardholder Name (pl	ease print)			PIN
				4 numbers only
First	Middle Initial		Last	
Local Address				,,,,
Local Address				
No.	Street			
City	County	State	Zip Code (Zip +	4)
Permanent Address				
(If different from above)	No.	Street		
	City	State	Zip	Code (Zip + 4)
Telephone ()		Date of Rirth		
Telephone ()	Date of Birth Month/Day/Year			
E-mail				
Notifications				
Select Preferred Method of	of Notification for Overd	ue, Lost and Request It	ems:	E-mail Telephone
Notices are sent as a courtes	sy. Failure to get a notice doe	es not eliminate responsibilit	y for overdue materials or fin	es.
	or overdue, lost, damaged	d or stolen items. I will imr		my library card. This includes y if there is a change in name
Applicant Signature			Date _	
☐I am NOT interested in r	eceiving periodic updates	about Library services, p	programs and activities, a	t this time.
	For Yout	h Application Only	(Under 17)	
Parent/Legal Guardian N	lame		Maria III da sa da s	
		First	Middle Initial	Last
Parent/Legal Guardian A (If different from above)	Address No.			Street
	City	State	e	Zip Code (Zip + 4)
Parent/Legal Guardian E				
By signing this application I I acknowledge and accept r I also give permission for m	responsibility for the use o	of the card.	ard to borrow library mate	
The Library does not act in	the place or role of the pa	arent.		
	appropriate for your child			uage or other characteristics e for the supervision of their
Parents/Legal Guardians are also responsible for the supervision of their child's Internet activity.				
Parent/Legal Guardian Sigr	nature		Da	te
				Buffalo & Eric County Public

Staff Use Only Patron ID #10001 Staff Initials Date



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