

Butt-Holdsworth Memorial Library Card Registration / Renewal Form

Do you currently have a BHML library card?  No  Yes, Barcode#: \_\_\_\_\_

Name as shown on your picture ID: \_\_\_\_\_  
Last Name First Middle

Mailing Address: \_\_\_\_\_  
Street Apt/Space #  
\_\_\_\_\_  
City County State Zip  
Do you reside within the city limits?  Yes  No

Physical Address (if different) \_\_\_\_\_  
Street Apt/Space #  
\_\_\_\_\_  
City County State Zip

Contact number: \_\_\_\_\_ Email address: \_\_\_\_\_

Preferred method of contact for reserves and overdue notices?  Phone  Email  Text

Driver's license/state ID number: \_\_\_\_\_ Issuing state: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please list any minor children that need to be linked to your account:

\_\_\_\_\_  
Given Legal Name (Last, first, middle) Date of Birth: \_\_\_\_\_ Do they currently have a BHML library card?  Yes  No  
Barcode#: \_\_\_\_\_  
\_\_\_\_\_  
Given Legal Name (Last, first, middle) Date of Birth: \_\_\_\_\_ Do they currently have a BHML library card?  Yes  No  
Barcode#: \_\_\_\_\_  
\_\_\_\_\_  
Given Legal Name (Last, first, middle) Date of Birth: \_\_\_\_\_ Do they currently have a BHML library card?  Yes  No  
Barcode#: \_\_\_\_\_

We can link family groups together in our library system. Titles of materials checked out and amounts of fines will be given to anyone on the linked account. You will waive your right to patron privacy. Do you wish to have any other adult family member linked to your account?

I would like the following adult card holder linked to my account:

Name: \_\_\_\_\_ Barcode#: \_\_\_\_\_ Linked Cardholder signature: \_\_\_\_\_

I agree to be responsible for materials borrowed from Butt-Holdsworth Memorial Library, to pay fines for overdue items, and to pay for the replacement of lost or stolen materials. I will give notice of change of address and will promptly report loss or theft of my library card. Parents and guardians are responsible for use made by minor children.

\_\_\_\_\_  
Signature Date

