

Butt-Holdsworth Memorial Library Card Registration 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

