

Blossburg Memorial Library Card Application

Please print legibly. Please complete and show current photo ID with current address to staff.

First Name _____ Middle _____ Last Name _____

If applicable: Prefix _____ Suffix _____

PA Driver's License/ID Number _____ *(show staff)*

OR Other photo ID with proof of current address _____ *(show staff)*

E-mail _____

E-mail checkout receipts? Yes No

Day phone _____ Evening phone _____

Other phone _____

Mailing address _____

City: _____ State: _____ Zip: _____

If mailing is different than physical address, please also list your full physical address:

Your municipality *(township or boro)* _____

Within city/town limits? Yes No

County _____

Would you like notices about items you may have on hold sent by:

Phone email text

If text, please tell us: Cell number _____ phone carrier _____

Are you the head of a family group? Yes No

If yes, would you like to attach household family members to your account? Yes No

*If yes, list names and other information below. Group members **MUST** live in the same household. Adults must provide photo ID. For juveniles (under 18), please provide date of birth.*

Additional Adult _____ ID # *(show staff)* _____

E-mail _____ Phone _____

Juvenile _____ Date of birth _____

Juvenile _____ Date of birth _____

Juvenile _____ Date of birth _____

Juvenile _____ Date of birth _____

I am applying for the right to use the Blossburg Memorial Library. I agree to comply with all its policies and regulations. I understand that I am responsible for lost or damaged items for myself and for others in my family group, for returning all items and paying all fines in a timely manner.

Signature (must be 18 or over)

Date