



LIBRARY CARD APPLICATION

Please fill out, print, sign, and bring in to any Dearborn Public Library location

<i>Library use only</i>	Barcode
Resident 1 _____	
TLN 5 _____	

PLEASE PRINT: (Information Will Be Confidential and is for Library Use Only)

Library Card for	Last	First	Middle Initial
Mailing Address	Number/Street	Apt./Suite	City State Zip
Home Address <i>(if different than mailing)</i>	Number/Street	Apt./Suite	City State Zip
Email Address	<input type="checkbox"/> Send Email Notifications		
Preferred Phone	() _____ Area Code <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Other Phone	() _____ Area Code <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
	<input type="checkbox"/> Send Text Notifications		
Date of Birth	mm/dd/yyyy	<input type="checkbox"/> Male <input type="checkbox"/> Female	PIN _____ <i>Suggested Youth: Birthday mm/dd Adult: Last 4 digits of phone</i>
Driver's License # / State ID (if applicable)		Social Security #	_____ <i>(Optional) Last 4 digits only</i>

I, the responsible party (applicant or legal guardian), certify that the above information is correct. I will accept responsibility for all materials borrowed on this library card as well as for all fines and reinstatement charges which may accrue. I agree to abide by the rules and policies of the Dearborn Public Library.

Cardholder Signature: _____
Signature

(If cardholder is under 18, sign here and COMPLETE OTHER SIDE)

Parent/Legal Guardian Signature: _____
Signature

FOR LIBRARY USE ONLY

<u>(BType) Borrower Loan Type</u>	
_____ PNP (not paid)	_____ SPecial
_____ NR (paid)	_____ HBound
_____ TLN	_____ STaff

<u>Stat Class #1</u>
M _____
F _____

<u>Stat Class #2</u>	
_____ RESident	_____ NRPaid
_____ NRSstudent	_____ NRFamily
_____ NREmployee	_____ NRTaxpayer
_____ NRHeights	_____ NRCcompliment
_____ TLN Borrower	
Registered by _____	
Date _____	

