BRYAN + COLLEGE STATION PUBLIC LIBRARY SYSTEM
LIBRARY CARD APPLICATION
Please present this form in person with a photo ID and proof of your current address

Last Name	First Name	Middle Name	DOB (mm/dd/yyyy) ____/____/____

Residence Address	City	County	Zip Code

Mailing Address (*if different than above*)	City	Zip Code

Phone Number ( ) -	Email Address

Automated Notification Preference (*For overdue notices and holds*) ☐Email ☐Text	Voter Registration *Would you like to register to vote?* ☐ Yes ☐No ☐Already registered ☐Not eligible

I agree to abide by the policies of the library. I will give immediate notice of loss of this card. I understand that this card must be presented to borrow materials.

SIGNATURE_____ **DATE** ____/____/____

OPTIONAL: Children (*child must be present to receive card*)

Last Name	First Name	MI	DOB (mm/dd/yyyy)
			____/____/____
			____/____/____
			____/____/____
			____/____/____

For Staff use only:

ID #_____ Type of ID _____ Number of cards issued _____

STAFF INITIALS _____