



# LIBRARY CARD APPLICATION

## BUSINESS USE

PLEASE PRINT NEATLY AND FILL OUT FORM COMPLETELY

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Notice Preference (Circle One) Email or Phone

*If you supply an email address a reminder will be sent to you 4 days before your materials are due.*

Email Address

\_\_\_\_\_

Primary Phone \_\_\_\_-\_\_\_\_-\_\_\_\_ Alternate Phone \_\_\_\_-\_\_\_\_-\_\_\_\_

4 Digit Pin Number \_\_\_\_\_

(PIN is used to log into your account; for placing holds or MeLCat Requests; using the computers in the library)

Name: \_\_\_\_\_  
Last Name First Name Middle Initial

Mailing Address: \_\_\_\_\_  
Street Address required in addition to PO Box Apt #

\_\_\_\_\_

Driver's License # \_\_\_\_\_  
(or Michigan ID)

### BORROWER'S AGREEMENT – Read Before Signing!

I agree:

- To be responsible for all materials borrowed with my card.
- To pay all fees associated with my card.
- To report the loss, theft, or abuse of my card immediately. I understand that I am responsible for all fees and any items checked out on my card prior to being reported lost or stolen.
- To report changes to my account information

Your Signature: \_\_\_\_\_ Date \_\_\_\_\_

**See below for Business Use Agreement**  
*(Required for Business Use Library Card)*

## Business Use Agreement

The employer or supervisor agrees to be responsible for items that are checked out of the Howell Carnegie District Library in the name of the applicant appearing above.  
This card is for Business Use Only. It is not for personal use.

Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Title: \_\_\_\_\_

Business/Organization: \_\_\_\_\_

*I certify the above information is correct. I accept responsibility for materials borrowed on the library card issued from this application. Responsibility for the choices of materials borrowed rests with the person[s] whose signature[s] appear on the line[s] below and not with the Howell Carnegie District Library or its staff.*

Applicant's Legal Signature: \_\_\_\_\_

Supervisor/Person Responsible: \_\_\_\_\_