HOWELL CARNEGIE DISTRICT LIBRARY

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 #

_____
City State Zip Code Township

Driver's License # _____
(or Michigan ID)

Business Organization _____

Business Address _____

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 _____