

OUT-OF-COUNTY PATRON REGISTRATION FORM

Please fill in all information fully

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NAME: _____
(First) (Middle Initial) (Last)

ADDRESS: _____

MAILING ADDRESS (if different from above): _____

CITY: _____ COUNTY _____ STATE/ZIP: _____

PHONE: _____ ALTERNATE PHONE: _____

BIRTHDATE: _____ (Year Optional)

E-MAIL ADDRESS: _____ (Optional)

PIN #: _____ (Optional) (This is a number or word that will let you access your account from home. Once it has been entered into the computer, only you will know it.)

IF CARD HOLDER IS UNDER 17 YEARS OF AGE, A GUARDIAN'S SIGNATURE IS REQUIRED
Signature signifies guardian is responsible for any checked out material.

09/09/03 Relationship: _____

PLEASE READ!!!!

By applying for a Bullitt County Public Library card, you are agreeing to follow all the policies regarding the checking out of materials in the library system. A copy of these policies will be given to you on completion of the application.

This card will be issued for a one year period beginning _____. The Bullitt County Public Library System reserves the right to impose a fee for out-of-county patrons at any future date.