

Library Card Sign-Up



Please Print

Full Name:

Last _____ First _____ Middle _____

Birthdate: _____
MM/DD/YYYY

Mailing Address:

Number & Street Address _____ City _____ State _____ Zip _____

Email Address: _____

Phone Number: _____ PIN _____ 3-10 Characters

Text Message Notification (Optional):

<input type="checkbox"/> Overdue	<input type="checkbox"/> Hold Pickup
<input type="checkbox"/> Messages	<input type="checkbox"/> Announcements

Street Address (If different from mailing address):

Number & Street Address _____ City _____ State _____ Zip _____

I agree to abide by the policies and regulations of the Billings Public Library, and to notify the Library when any information I have given changes. I will be responsible for all charges for any overdue, lost, or damaged library materials checked out on my card. If my card is lost or stolen, I understand that I am responsible for charges on it until the Library is notified of its loss.

Signature of applicant _____ Date _____

Parent/Guardian Name _____ Printed _____

Parent/Guardian Signature _____ Date _____

Please circle the information you would like to receive:

Library Programs & Special Events	Children	Teen	Adult
Library Newsletter	Email	Mail	
Friends of the Library	Email	Mail	
Billings Public Library Foundation	Email	Mail	

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Barcode # _____

Type of Card: _____

Date: _____

Staff Initials: _____