

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):

- Overdue
- Hold Pickup
- Messages
- 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 | |

Barcode # _____

Type of Card: _____

Date: _____

Staff Initials: _____

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