



Bexley Public Library

## Library Card Registration

Is this a replacement Bexley Public Library card? Yes  No

**Cardholder Name** (First, Middle Initial, and Last - Please Print):

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Home Address:

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Home Phone: (            )

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Cell Phone: (            )

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E-Mail Address:

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**Cardholder** Date of Birth:

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Please choose a 4 digit PIN for accessing the account:

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Is this card for a minor? Yes  No  Parent/Guardian library barcode, if applicable: \_\_\_\_\_

Would you like to restrict borrowing to all circulating items except DVDs and BluRays? Yes  No

How would you like to be contacted by the library regarding the account? (Please check at least one.)

Cell Phone Call  Cell Phone Text  E-mail  Home Phone Call

Would you like to receive information about library programs and services by e-mail? Yes  No

By signing this form, I agree to comply with all borrower regulations, to promptly pay any fines and replacement costs for lost or damaged materials, and to give immediate notice of an address change.

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Signature of cardholder or parent/guardian if under 18.

Date