

Bowman Regional Public Library Card Application

PLEASE PRINT CLEARLY

Name : _____
First Name
Middle Name
Last Name

Local Address : _____
Address
Apt.#
City
State
ZipCode

Mailing Address : _____
(if different than local address)
Address
Apt.#
City
State
ZipCode

Email Address : _____
 If you supply an email address, a reminder will be sent to you 3 days before your library materials are due.

I would like to receive the library calendar via email Yes!

Birth date : _____
Month / Day / Year

Phone Number : (Home) _____ (Cell) _____

Driver's License # _____
(or North Dakota ID)

How did you hear about the library (circle all that apply) Family/Friend Walk-in/Already Knew School Newspaper
Radio Phonebook Other

Are you a teacher or educator applying for a Library card with educator status?
 School Name : _____ School Phone _____
 Your email at school : _____

PLEASE READ

I agree:

- To be responsible for all materials borrowed with my card.
- To pay all fines and fees associated with my card, including charges for late, lost and damaged materials.
- To report the loss, theft, or abuse of my card immediately. I understand that I am responsible for all fines and fees and any items checked out on my card prior to being reported lost or stolen.
- To report changes in my account information.

Signature : _____ Date : _____

FOR LIBRARY USE:
CARD #

INITIALS/DATE: