

Town of Bernalillo Public Library
124 Calle Malinche
Bernalillo, NM 87004
505-867-1440



LIBRARY CARD APPLICATION (please print clearly)

Date: _____

Last Name First Name MI Date of Birth

Home Address Apt#

City State Zip Home Phone Cell Phone

E-Mail Address

Email or Text is used for notification of reserves and due dates.

Mailing Address (if different than above)

How would you like to be notified? Text ____ Email ____

Address Apt# City State Zip

IDENTIFICATION VERIFICATION

Photo ID (Parent's ID if under 18)

Address Verification (Initials of Library Staff Required)

I agree to be responsible for all materials charged on my library card; to report a lost library card; to observe the library rules and policies; to promptly pay all charges (There are no late fees. Fees are only for lost or damaged item(s)); and to notify the Library of an address or name change.

Signature of Applicant OR Parent, if for minor child

Print First and Last Name of Parent or Legal Guardian

Addition Family Members Requesting Cards

Name Birth Date

Name Birth Date

Name Birth Date

FOR PARENT OR LEGAL GUARDIAN OF MINOR APPLICANT

I give my child permission to have a library card and I assume complete financial responsibility for all library materials borrowed by my child. I understand that children and adult collections are accessible to children and that children will have access to the library's electronic resources.

Children under the age of 10 may not check out DVDs. For children between the ages of 10 and 18 a parent must give permission for the child to check out DVDs.

Signature of Parent or Legal Guardian My child may check out DVDs YES ___ NO ___

PERMISSION TO ALLOW ANOTHER PERSON TO ACCESS MY LIBRARY ACCOUNT (applies to card applicant, including minors)

I hereby allow the following person(s) to use my library card and/or to access my library account information

Print first and last name of authorized person

Print first and last name of authorized person

Cardholder Signature