



Library Card ADULT Application

Record ID # _____ (for library use) staff initials _____

Name _____
Last _____ First _____ Middle _____ Suffix _____
PA _____
City/Town _____ Zip Code _____
Street _____ Apt. _____
Township/Boro _____ Birthdate _____

License or ID# _____
Township/Boro _____ Birthdate _____

Preferred phone # _____ Carrier _____
E-Receipt? Text?
Email _____

By providing my email, I allow the library to use my email address for all library related communications and that the library will not share my email with any other party.

Applicant's Signature _____ Date _____

APPLICANT'S AGREEMENT

I apply for the right to use the libraries of the Berks County Public Library System; agree to comply with all policies and regulations; to return materials promptly; to pay fines and charges for late return, loss or damage of materials, and to give immediate notice of any change in address. I further agree that I will be responsible for all materials charged to my card through the date that the issuing library receives written notification that the card is lost or stolen. Finally, I agree that the policies and regulations may be modified by the Library System without personal notice to me except by publication or posting at the library or its website. Libraries included in this agreement are public libraries of Berks County; the Council on Chemical Abuse; and the Reading Area Community College.



Library Card JUVENILE Application

Record ID # _____ (for library use) staff initials _____

Juvenile's Name _____
Last _____ First _____ Middle _____ Suffix _____
PA _____
City/Town _____ Zip Code _____
Street _____ Apt. _____
Township/Boro _____ Birthdate _____

Adult's Name _____
License or ID# _____
Township/Boro _____ Birthdate _____

Adult's preferred phone # _____ Carrier _____
E-Receipt? Text?
Adult's Email _____

By providing my email, I allow the library to use my email address for all library related communications and that the library will not share my email with any other party.

Adult's Signature _____ Date _____

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Juvenile's Signature _____ Date _____

In consideration for allowing the above named person privileges, I unconditionally guarantee the agreed performance and assume personal liability for any fines, costs, or damages not paid when due.



Library Card ADULT Application

Record ID # _____ (for library use) staff initials _____

Name _____
Last _____ First _____ Middle _____ Suffix _____
Street _____ Apt. _____ City/Town _____ PA _____ Zip Code _____

Township/Boro _____ Birthdate _____

License or ID# _____

Preferred phone # _____ Carrier _____

Email _____ E-Receipt?

By providing my email, I allow the library to use my email address for all library related communications and that the library will not share my email with any other party.

Date _____

Applicant's Signature _____

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Library Card JUVENILE Application

Ages 0-17

Record ID # _____ (for library use) staff initials _____

Juvenile's Name _____
Last _____ First _____ Middle _____ Suffix _____
Adult's Name _____ License or ID# _____
Street _____ Apt. _____ City/Town _____ PA _____ Zip Code _____

Township/Boro _____ Birthdate _____

License or ID# _____

Preferred phone # _____ Carrier _____

Adult's Email _____ E-Receipt?

By providing my email, I allow the library to use my email address for all library related communications and that the library will not share my email with any other party.

Date _____

Adult's Signature _____

APPLICANT'S AGREEMENT

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Date _____

Juvenile's Signature _____

In consideration for allowing the above named person privileges, I unconditionally guarantee the agreed performance and assume personal liability for any fines, costs, or damages not paid when due.