## notice to me except by publication or posting at the library or its website. Libraries included in agree that the policies and regulations may be modified by the Library System without personal address. I further agree that I will be responsible for all materials charges to my card through the this agreement are public libraries of Berks County, the Council on Chemical Abuse, and the date that the issuing library receives written notification that the card is lost or stolen. Finally, I Reading Area Community College. 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 date that the issuing library receives written notification that the card is lost or stolen. Finally, I Juvenile's Signature Reading Area Community College.

comply with all policies and regulations; to return materials promptly, to pay fines and charges

I apply for the right to use the libraries of the Berks County Public Library System; agree to

APPLICANT'S AGREEMENT

for late return, loss or damage of materials, and to give immediate notice of any change in

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. Birthdate City/Town Carrier Record ID # First Apt. **ADULT** Application Library Card Street Last Preferred phone #. Fownship/Boro License or ID# Email\_ Name\_ E-Receipt? Text? Adult's Signature staff initials 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. Suffix Zip Code (for library use) Middle PA License or ID# City/Town Carrier Juvenile's Birthdate Adult's Record ID # First IUVENILE Application Apt. Library Card Last Street preferred phone # uvenile's Name Township/Boro Date Adult's Name Adult's Email Adult's

E-Receipt?

Jext?

staff initials

(for library use)

Suffix

Middle

Zip Code

PA

Applicant'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.

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E-Receipt? this agreement are public libraries of Berks County, the Council on Chemical Abuse, and the notice to me except by publication or posting at the library or its website. Libraries included in agree that the policies and regulations may be modified by the Library System without personal date that the issuing library receives written notification that the card is lost or stolen. Finally, I address. I further agree that I will be responsible for all materials charges to my card through the for late return, loss or damage of materials, and to give immediate notice of any change in comply with all policies and regulations; to return materials promptly, to pay fines and charges <u>lext</u>? Reading Area Community College. Applicant's Signature I apply for the right to use the libraries of the Berks County Public Library System; agree to 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. Suffix Zip Code PA Middle Birthdate City/Town Carrier First ADULT Application Apt. Street Last Preferred phone # Township/Boro Date License or ID# Email Name\_

staff initials

(for library use)

Record ID #

Library Card

## 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.

Juvel	Library Card JUVENILE Application	Record ID #	(for library use)	staff initials
Ages 0-17				
Juvennes manne	Last	First	Middle	Suffix
Adult's Name		Adult's License or ID#	or ID#	
			PA	
Township/Boro	Street Apt.	City/Tc Juvenile's Rirthdate	wn	Zip Code
Adult's preferred phone #		Car	Carrier	Text
Adult's Email				E-Recei
By providing m	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.	to use my email not share my em:	address for all libra ail with any other pa	ry related arty.
Date			re	dult's Signature
urantee the agreed en due.	n consideration for allowing the above named person privileges, I unconditionally guarantee the agreed erformance and assume personal liability for any fines, costs, or damages not paid when due.	e named person polity for any fines,	for allowing the abov	n consideration erformance and
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