Library Card Application

Please Print Carefully and Clearly

First Name: **Middle Initial:**

Last:

Address:

City: **County:**

State: **Zip:** **Phone:**

Birth Month: **Day:** **Year:** **Gender Identity:** **Have a Golden Buckeye Card?**

School District: **BG** **Lake** **Northwood** **Other**

Email:

Notify me of item holds and overdue notices by ***(check only 1)*** **phone** **email** **text message**

I also want to receive news via email about library services and programs.

Permanent Home Address, if different from the above:

Address:

City: **State:** **Zip:**

Applicant: Please Read and Sign

I agree to observe all rules of the library and to pay for late, lost, or damaged materials.
To protect my account, my card or photo ID must always be presented when checking out items.

_____ **Date:** _____
signature of applicant

Parent or guardian, if under 18:

Presence of parent/guardian required at sign-up, with a photo ID.
Personal information will only be used for library services, and will not be shared or sold to outside organizations.

Staff use only.

Staff initials: _____ Input: _____ Barcode: 24294

Date: _____

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We're Your Library

251 North Main Street
Bowling Green, Ohio 43402
419-352-5104

108 North Main Street
Walbridge, Ohio 43465
419-666-9900

www.wcdpl.org