



Bay City Public Library Card Application

Do Not Write in Shaded Area

Card Number: _____	Bay City Sargent
Adult Youth Other: _____	Date: _____ Expires: _____

Last Name		First Name		Middle Name	
Mailing Address		City	State	Zip	
Physical Address <i>(if different)</i>		City	State	Zip	
Date of Birth		Email			
Phone		Alternate Phone <i>(required if no email provided)</i>			
Drivers License Number Texas: _____ State: _____ Number: _____		<small>AUTHORIZED DESIGNEE TO PICK UP RESERVES OR ACCESS ACCOUNT INFORMATION – MAY NOT USE CARD TO CHECKOUT BOOKS</small>			
Parents' or Guardians' Names for Child (please print)					
Applicant's Signature: <i>I accept financial responsibility for all items checked out to this BCPL card.</i>					

(Parent or Guardian must sign for a child under 18)

If parent or guardian information is different from child's, please write it on the back of this application.

- *No one else, including parents/guardians, may use this card.
- *Checkout limits, restrictions, fines, and fees are predetermined based on membership type.
- *Any information provided above that changes should be updated with BCPL to ensure usability of account.
- *Library patrons and members agree to comply with all policies of the Bay City Public Library by using the library.

Completed by: _____

Reviewed by and date: _____