

Where you find it



Baltimore County Public Library Card Registration

PLEASE PRINT

Name: Last _____ First _____ Middle Name _____

Address: _____

City/State: _____ Zip code: _____ County: _____

Telephone: () _____

Do you use Maryland Relay (711) - VCO, HCO, TTY? Yes* No

E-mail address: _____

Driver's license/MVA ID# _____ Parent Guardian

Age: (Check block which includes last birthday) Up to 13 - *see parental authorization below*
 14 - 17 - *see parental authorization below*
 18 and over - ***see back of form***

FOR APPLICANTS UNDER THE AGE OF 18
 Parental authorization:
 My child, under the age of 18, has permission to borrow any DVD, video or other interactive electronic media on his/her own library card from the Baltimore County Public Library. I understand I am responsible for any fees/fines related to any borrowed materials.

Parent Name: Last _____ First _____ Middle _____

Parent/Guardian signature: _____

(Please check one) Yes No ***(Please turn form over)***

DO NOT WRITE BELOW THIS LINE

Borrower type:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> ADULT | <input type="checkbox"/> FIRST LIBRARY CARD | <input type="checkbox"/> JUV STAFF - DVD | <input type="checkbox"/> OUT OF STATE - A |
| <input type="checkbox"/> ANNE ARUNDEL - A | <input type="checkbox"/> HARFORD - A | <input type="checkbox"/> JUVENILE | <input type="checkbox"/> OUT OF STATE - J |
| <input type="checkbox"/> ANNE ARUNDEL - J | <input type="checkbox"/> HARFORD - J | <input type="checkbox"/> JUVENILE - DVD | <input type="checkbox"/> READ ROVER |
| <input type="checkbox"/> BALTO CITY - A | <input type="checkbox"/> HOMEBOUND - ADD | <input type="checkbox"/> LIBRARY ON THE GO | <input type="checkbox"/> RESTRICTED JUVENILE |
| <input type="checkbox"/> BALTO CITY - J | NOTE | <input type="checkbox"/> OTHER MD - A | <input type="checkbox"/> STAFF - A |
| <input type="checkbox"/> CARROLL - A | <input type="checkbox"/> HOWARD - A | <input type="checkbox"/> OTHER MD - J | <input type="checkbox"/> STAFF - J |
| <input type="checkbox"/> CARROLL - J | <input type="checkbox"/> HOWARD - J | | |

New ID # _____	Old ID # _____	* 711 + phone # in NOTES
Expiration date _____	Staff Initials _____	Date _____
		Input by _____

BCPL is committed to protecting the privacy of its customers. Information concerning personal use of our services is confidential and will not be released without proper legal authorization. BCPL does not share or sell any of its borrower contact information to any outside organization or entity.

So that BCPL can better serve you with its collection, materials and services, please complete the following information. This is very helpful to BCPL staff and administration in working to meet your expectations for the library.

Social Security #: (optional) _____

Would you like to receive occasional information concerning BCPL programming, new book releases, BCPL Foundation or other library information? Yes No

Birth Year: _____

Ethnic group - Check one

- American Indian / Alaska Native
- Asian
- Black or African American
- Hawaiian / Pacific Island
- White
- Hispanic or Latino
- Caribbean
- Multi Racial
- Other

**Education level -
Check highest level completed**

- Less than High School
- High School
- Associate Degree
- Bachelor's Degree
- Graduate Degree

Gender - Check one

- Male
- Female

Language spoken at home - Check one

- | | |
|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Russian | <input type="checkbox"/> Farsi |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Arabic |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other |

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www.bcpl.info