



Bucks County Public Library Registration

Please Print Clearly

STAFF USE ONLY	
User Barcode #	_____
UserCat1 (geographic code)	_____
Profile Name	_____
(AD, CH, PA, PAC, NR)	

Name _____
Last First MI

PA Driver's License Number _____ PIN (four digits) _____

Male Female Birthdate _____
mm dd yyyy

Mailing Address _____ P. O. Box or Apt # _____

_____ City State Zip Township/Borough County

E-mail _____

Phone: Home () _____ Work () _____ Cell () _____

Parent / Guardian (Required if under 16)

Name _____ Last First MI

Home Address _____ P. O. Box or Apt # _____
(if different from above)

_____ City State Zip Township/Borough County

I agree to:

- observe all policies and procedures for use of all materials, including electronic tools and resources, established by the Bucks County Public Libraries.
- be responsible for all materials borrowed on my card and/or my child's card.
- pay any fees or charges imposed.
- promptly notify the library of any change of address, name, or loss of card
- supervise and guide my child in the use of the Internet and all other library services and materials.

Signature of Registrant (or Parent / Guardian if user is under age 16)

Date