

BUNCOMBE COUNTY PUBLIC LIBRARIES

To register for a library card, you need to complete this form and take it to any Buncombe County Library. You will need to provide current identification for proof of residency. This information is solicited to maintain a complete list of library patrons and will be used only to record the location of library books and property.

****PLEASE CLEARLY PRINT ALL INFORMATION**

FIRST NAME	MIDDLE NAME	LAST NAME	DATE OF BIRTH (MM/DD/YYYY)	
FIRST NAME (PARENT OR GUARDIAN)	MIDDLE NAME (PARENT OR GUARDIAN)	LAST NAME (PARENT OR GUARDIAN)		
PRIMARY IDENTIFICATION OF APPLICANT OR PARENT/GUARDIAN OF MINORS -- ID NUMBER AND TYPE (i.e. Driver's License, Passport, etc.) (If using Driver's License include state where issued)				
Street Address		City	State	Zip
Mailing Address (if different from above)		City	State	Zip
Primary Phone Number (can be Home or Cell)				
COUNTY OF RESIDENCE		EMAIL ADDRESS		
Permanent Address (Non-Resident of Buncombe County)		City	State	Zip

<p style="text-align: center;">Use Agreement</p> <p>I agree to be responsible for all materials borrowed with this card, for all fines and fees incurred and loss and damage of material charged on it. I understand the Buncombe County Public Library System assumes no responsibility for any damage to my equipment while used in conjunction with library audio-visual materials.</p> <hr/> <p>Signature</p>	<p style="text-align: center;">Parent or Guardian Use Agreement For any juvenile patron</p> <p>I agree to be responsible for all materials borrowed with this card, for all fines and fees incurred and loss and damage of material charged on it. I accept responsibility for the selection of materials made by this person. I understand the Buncombe County Public Library System assumes no responsibility for any damage to my equipment while used in conjunction with library audio-visual materials.</p> <hr/> <p style="text-align: center;">Signature of Parent/Guardian</p> <hr/> <p style="text-align: center;">Printed name of Parent/Guardian</p>
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Staff Member _____

Date _____