

Welcome to the Van Buren District Library! To get a library card, take this completed application and proof of eligibility (such as a driver's license or other photo I.D.) to the circulation desk.

- Yes  No Are you a resident of the [Van Buren District Library Service Area](#)?  
 Yes  No Are you a library cardholder from the [Allegan District Library, Cass District Library, Dowagiac District Library, Hartford Public Library, Kalamazoo Public Library District, Keeler Township, Lawton Public Library, Marcellus Township Wood Memorial Library, Otsego District Library, Paw Paw District Library, South Haven Memorial Library, or Watervliet District Library](#)?  
 Yes  No Have you previously held a Van Buren District Library card?

## PATRON INFORMATION [PLEASE PRINT]

Last Name		First Name	
Street Address + Alternative Address			
City		State	ZIP Code
Home Phone		Work Phone	
Cell. Phone		Email	
Driver's Lic./ State ID No. <i>Include Parent or responsible party's license # if applicant is under 18.</i>		Birthdate	Age 18 or younger? <input type="radio"/> Yes <input type="radio"/> No

### RESPONSIBLE PARTY (COMPLETE THIS SECTION ONLY IF THE APPLICANT IS UNDER 18)

*if the applicant listed is a minor, a parent or legal guardian must complete the following if address is different than minor's address:*

Last Name		First Name	
Street Address			
City		State	ZIP Code
Primary Phone	<input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Cell <input type="radio"/> Other	Primary Email	

## Notification Preferences

The Library's automated system will notify you of items that are overdue and when a reserved item is available for pickup at the Library. Optionally, you can choose to receive a reminder three days before a material is due and an email version of your checkout receipt. Please choose your preferred notification methods below:

- Reserve Notice:**  Email  Text Message\* Phone:  Home  Work  Cell  
**Overdue Notice:**  Email  Text Message\* Phone:  Home  Work  Cell  
**Date Due Reminder:**  Email  Text Message\*  None  
**Checkout Receipt:**  Email  Paper receipt at checkout **Cell Phone Provider:** \_\_\_\_\_

*\*Normal text message rates apply.*

**Email Newsletter:**  Library Newsletter & Special Announcements (you may unsubscribe at any time)

### DVD:

**This minor, who is in my legal care, has permission to check out DVDs. I understand that the Library does not restrict videos by any rating system and I know I am ultimately responsible for any debt this minor may incur for lost/damaged items and late fees.**

### INTERNET PERMISSION:

**This minor, who is in my legal care, has my permission to access the Internet through the Library. I understand the Library's Internet connection is filtered but I understand that no filter is perfect. I also understand that it is the Library's policy parents/guardians must assume responsibility for deciding what resources are appropriate for their own children. I will monitor my minor's Internet use while at the Library and/or provide him or her with appropriate standards for Internet use. I agree with the Library's Internet Use Policy.**

- DVD Permission**  Yes  No  
**Internet Permission**  Yes  No

Continued on Other Side

## AUTHORIZED PERSONS

Michigan law prohibits the Library from disclosing Library cardholder information. If you wish to authorize one or more people to pick up reserved materials for you or to discuss your account with Library staff, please print their full (first and last) names below:

Authorized Persons (First and Last Name)

## CERTIFICATION – SIGNATURE OF APPLICANT OR PARENT OR GUARDIAN OF MINOR CHILD

I certify the information on this application is correct. If this card is for a minor child, I certify that I am the parent or legal guardian of the applicant. I accept responsibility for materials checked out on the Library card issued from this application and assume liability for the payment of overdue fines and fees for damaged or lost materials, and the return of materials. I accept responsibility for the applicant's use of any and all Library materials, including the Internet. Any restriction on the applicant's Library use is my responsibility. I authorize the Library to release information to me and to \_\_\_\_\_ about the applicant's Library records.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Signature of Parent or Guardian if under 18

Permission to show previously checked out items on your account.  Yes  No

NAME:

### FOR STAFF USE ONLY

**Member Type:**  Resident/Property Owner  Reciprocal  Non-Resident / Fee Collected  Six Month Card  
 Temporary  Staff  Courtesy Card – Employer \_\_\_\_\_  
 Classroom Card – School \_\_\_\_\_

Date Issued	Staff Initials	Card #
		<b>VBDL Card #</b> 25101 _____ 45101 _____
		<b>Reciprocal Card #</b> _____ Library _____

### VAN BUREN COUNTY:

Almena	Bloomington	Geneva	Paw Paw	Lawton Village
Antwerp	Columbia	Hamilton	Pine Grove	Waverly
Arlington	Covert	Hartford	Porter	Bangor City
Bangor	Decatur	Lawrence	South Haven	Gobles City

### OTHER COUNTIES: (List Township)

Allegan \_\_\_\_\_  
 Berrien \_\_\_\_\_  
 Cass \_\_\_\_\_  
 Kalamazoo \_\_\_\_\_

### SCHOOL DISTRICT:

Bangor Decatur Lawrence Paw Paw  
 Bloomington Gobles Lawton South Haven  
 Covert Hartford Mattawan Other: \_\_\_\_\_

Patron Type:  Adult  Juvenile  Juvenile w/video