



ANN ARBOR DISTRICT LIBRARY
**LIBRARY CARD
APPLICATION**

216210 _____

STAFF _____

DATE _____

CARDHOLDER INFORMATION

LAST NAME (PLEASE PRINT) **FIRST NAME** **M. I.**

BIRTHDATE (MO/DAY/YR) **EMAIL ADDRESS** **PHONE NUMBER**

STREET ADDRESS **CITY, STATE** **ZIP CODE**

CARD TYPE CHOOSE ONE

ADULT

MINOR

BUSINESS / ORGANIZATION

 RESPONSIBLE PARTY

 AUTHORIZING SIGNATURE

 ADDRESS IF DIFFERENT

 BUSINESS NAME & ADDRESS

OPTIONAL

I authorize the following individuals to request and receive information about materials checked out or requested and fees owed on this Library card.
 (Example: parent, spouse, caregiver, household employee)

 LAST, FIRST M.I.

 LAST, FIRST M.I.

HOMEBOUND?

Y **N**



If you are only able to read large print, you may qualify for WLBPD @ AADL services, including receiving audio and large print books by mail at no charge.

Please contact me with more information about WLBPD.

This is an application for an Ann Arbor District Library card. I agree to be responsible for all use of this card, will observe and comply with all Library rules and policies, and notify the Library promptly of a change of address or loss of my Library card. I expressly agree to pay all fees and charges assessed to this card, as well as any costs or expenses incurred by the Library in the collection of any fees and charges.

SIGNATURE (SELF OR RESPONSIBLE PARTY FOR MINOR)