



ANN ARBOR DISTRICT LIBRARY
**LIBRARY CARD
APPLICATION**

216210 _____

STAFF _____

DATE _____

CARDHOLDER INFORMATION

LAST NAME (PLEASE PRINT) _____

FIRST NAME _____

M.I. _____

LEGAL NAME (IF DIFFERENT) _____

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.

Y **N**

Are you experiencing circumstances that make you generally unable to pick up Library materials?



**Washtenaw
Library for
the Blind and
Print Disabled
at AADL**

If you are only able to read large print, you may qualify for WLBPD at 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)