

THIS SECTION TO BE COMPLETED BY STAFF

216210

STAFF

DATE

SEARCHED FOR EXISTING ACCOUNT

WELCOME EMAIL SENT



ANN ARBOR DISTRICT LIBRARY

LIBRARY CARD APPLICATION

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

RESPONSIBLE PARTY

ADDRESS IF DIFFERENT

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 unable to read standard print you may qualify for WLBDP at AADL services, including receiving audio and large print books by mail at no charge.

Please contact me with more information about WLBDP.

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)