



600 S. JOHNSTONE
BARTLESVILLE, OKLAHOMA 74003

APPLICATION FOR LIBRARY CARD

By signing this form, I agree to abide by the rules of the Bartlesville Public Library and accept responsibility for all materials checked out to this card. I also acknowledge that this card provides unfiltered access to all library materials, print, electronic, and all other formats.

Last Name _____ First Name _____ Middle Initial _____

Suffix (Jr, Sr, III) _____ Birth Date _____

Parent/Guardian (If applicant is under 18, please list parent or guardian) _____

Permanent Address (Please enter a physical address, not a PO Box) _____

City _____ APT _____ State _____ ZIP Code _____

Area Code & Phone Number: (____) _____ E-Mail Address _____

Signature of Applicant _____

Qualifying Bartlesville Address

If you do not permanently reside in Bartlesville, please provide the Bartlesville address for your work, school, or property that you own.

Qualifying Address _____

Qualifying City _____ Qualifying State _____ Qualifying ZIP Code _____

How would you like to receive notices?

☐ Phone ☐ Email ☐ Text Message If text-name of carrier _____

For Library Use: _____
Barcode Number Issued _____ Date _____ Clerk's Initials _____