

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.

Suffix (Jr, Sr, III)	Last Name		First Name			Middle Initial
Permanent Address (Please enter a physical address, not a PO Box) City APTState ZIP Code Area Code & Phone Number:()	Suffix (Jr, Sr, II	II)		Birth [Date	
City	Parent/Guardia	an (If applicant is under	18, please list	parent or gu	ardian)	
Area Code & Phone Number:()E-Mail Address Signature of Applicant	Permanent Ad	dress (Please enter a բ	hysical addres	ss, not a PO	Box)	
Signature of Applicant	City		_APT	State_	ZIF	Code
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	Area Code & F	Phone Number:()		E-I	Mail Address	
If you do not permanently reside in Bartlesville, please provide the Bartlesville address for your work, school, or property that you own. Qualifying AddressQualifying StateQualifying ZIP Code How would you like to receive notices? Phone □ Email □ Text Message If text-name of carrier	Signature of A	pplicant				
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	Qualifying Ba	rtlesville Address				
Qualifying City Qualifying State Qualifying ZIP Code How would you like to receive notices? □ Phone □ Email □ Text Message If text-name of carrier			Bartlesville	, please pr	ovide the Bartlesville ac	ddress for your work,
How would you like to receive notices? □ Phone □ Email □ Text Message If text-name of carrier	Qualifying Add	ress	· · · · · · · · · · · · · · · · · · ·			
□ Phone □ Email □ Text Message If text-name of carrier	Qualifying City		Qualifying State _		Qualifying ZIP Code	
	How would yo	ou like to receive n	otices?			
	□ Phone	□ Email	□ Text I	Message	If text-name of carri	er
For Library Use: Barcode Number Issued Date Clerk's Initials	For Library Use		squad	Doto		Clork's Initials