BUNCOMBE COUNTY PUBLIC LIBRARIES

To register for a library card, you need to complete this form and take it to any Buncombe County Library. You will need to provide current identification for proof of residency. This information is solicited to maintain a complete list of library patrons and will be used only to record the location of library books and property.

**PLEASE CLEARLY PRINT ALL INFORMATION					

Staff Member____

FIRST NAME	MIDDLE NAME	LAST NAME	DATE OF E	BIRTH (MM/DD/YYYY)	
FIRST NAME (PARENT OR GUARE	DIAN) MIDDLE NAME	(PARENT OR GUARDIAN)	PARENT OR GUARDIAN) LAST NAME (PARENT OR GUARDIAN)		
Street Address		City	State	Zip	
Mailing Address (if different from	above)	City	State	Zip	
Primary Phone Number (can be H	ome or Cell)				
COUNTY OF RESIDENCE	EMAIL ADDRE	ESS			
Permanent Address (Non-Resident o	f Buncombe County)	City	State	Zip	
Use Agreement I agree to be responsible for all materials borrowed with this card, for all fines and fees incurred and loss and damage of material charged on it. I understand the Buncombe County Public Library System assumes no responsibility for any damage to my equipment while used in conjunction with library audiovisual materials. Signature		nis f I agree to be respondent f card, for all fines a mage material charged of materials made by County Public Libr damage to my equ	Parent or Guardian Use Agreement For any juvenile patron I agree to be responsible for all materials borrowed with this card, for all fines and fees incurred and loss and damage of material charged on it. I accept responsibility for the selection of materials made by this person. I understand the Buncombe County Public Library System assumes no responsibility for any damage to my equipment while used in conjunction with library audio-visual materials. Signature of Parent/Guardian		
Printed name of Parent/Guardian					

Date____