

Section 1: Cardholder Information

This application is a contract. After presenting the necessary identification, the applicant or their parent/guardian is required to complete and sign this form. For a minor, also complete Section 3 (back of form).

Name (Last, First, Middle)		
Home Address		Apt/Lot #
City	State	Zip
Phone	Date of Birth (M/D/Y)	
Email		4-Digit PIN

I am applying for an Ypsilanti District Library card. I agree to be responsible for all use of my card, will observe and comply with all library rules and policies, and notify YDL promptly of change of address or loss of my card. I expressly agree to pay all fines and charges assessed on this card.

In addition, I authorize the following individuals to request and receive information about materials checked out or requested, and amounts owed on this card. They may also pick-up my requested materials.

Authorized Individuals

Applicant's Driver's License or State ID Number
Applicant's Signature

Please check here if you would like to be notified, via your email, about upcoming YDL events.

Section 2: For Non-Resident Applicants

Non-resident applicants must own property, or be employed in Ypsilanti, Ypsilanti Twp., or Superior Twp.

Business Name	Phone
Business/Property Address	

Staff Use Only

Ypsilanti City (twoyear)	◇ Ypsilanti City	◇ Ypsilanti Twp.
Ypsilanti Twp. (twoyear)	◇ Superior Twp.	◇ Library Network
Superior Twp. (suptwp)	◇ Works in District	◇ EMU Student
Other (oneyear)	◇ Property Owner	◇ Paid Fee
	◇ Lincoln Employee	◇ Other

Barcode	Date
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Section 3: For the Parent/Guardian of a Minor

Under section 3 of the Michigan Library Privacy Act, MLC 397.601 et seq., a library may not release a minor

Name of Minor Child

I hereby declare that:

1. I am the mother / father / legal guardian (circle one) of the above-named child; and
2. I accept full responsibility for return of library materials checked out by the above-named child, as well as liability for payment for the child's overdue fines and damaged or lost materials; and
3. I give consent for the release of the child's library records to:

Third Party Name or "Self"

Parent/Guardian Name

Driver's License/State ID Number

By signing this document, I accept full responsibility for all fines incurred, and for lost or damages materials borrowed on this card.

Signature	Date
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Witness Signature (Library Employee)
