WIXOM PUBLIC LIBRARY
Business Card Application

PLEASE PRINT NEATLY AND FILL OUT FORM COMPLETELY

Name: _____ _____ _____
First Middle Last

Birthdate: _____ / _____ / _____ **Gender:** M / F
Month Day Year (circle one)

Address: _____ _____
Street Address Apartment #

_____ _____ _____
City State Zip Code

Business Information : _____
Name

_____
Street Address

_____ _____ _____
City State Zip Code

Phone: (_____)_____

Email: _____

(email will be used to send reminder notices 2 days prior to due date
and for the Library's eNewsletter)

BORROWER'S RESPONSIBILITY

- I certify that the information on this form is correct.
- I accept responsibility for materials borrowed on the library card issued from this application including all fines and damages charged.
- Responsibility for the choice of materials borrowed rests with the person whose signature appears below and not with the library system or its staff.
- I understand that the library card issued is valid for 1 year and only at the Wixom Public Library.

Signature: _____ Date: _____

STAFF ONLY

Drivers License Number: _____ Barcode: _____

Authorized by: _____