

Application for New Borrower Registration



Please print clearly

Name _____ Date of birth _____ - _____ - _____
Last First Middle Year Month Day

Main Phone _____ Cell or other phone (optional) _____

Address _____ City _____ Province _____

Postal Code _____

Email: *If you do not have an email address, or do not wish to register one with us, library notices will be sent by standard mail. **Advance due date reminders will only be sent to an email address.***

I hereby consent to receive email communication from Bowen Island Public Library

Email address (check box above) _____

Female Male

Senior (65+) Adult (19-64) Youth (15-18) Child (0-14)

Note: All information collected is private and confidential and is used only for library statistics, to notify you of alerts on your account or to inform you of library services. We DO NOT sell, distribute or otherwise give your personal information to any person or agency outside of the library.

I, the undersigned, agree to be responsible for all materials borrowed on my library card and for any charges for late, lost or damaged items.

Signature: _____

If registering a child 14 years of age or under please fill in below:

Parent or Guardian's Name (please print): _____

I, the undersigned, agree to be responsible for the selection and safe return of all materials borrowed on this child's card, and for the child's conduct and use of library services or materials, including the internet.

Signature: _____

Staff Use Only

Bowen Federation (InterLINK) BC OneCard Visitor (3 month or less)

Barcode _____ Registered by _____

ID with address? _____ Date _____