



LIBRARY CARD APPLICATION FORM

BLUE EARTH COUNTY LIBRARY SYSTEM
100 EAST MAIN STREET
MANKATO, MN 56001
(507) 304-4001

All information on this form is private data and may not be disclosed for other than library purposes except pursuant to a court order. Minnesota Statutes, Section 13.40, Subdivision 2.

State or Other ID _____

Last Name _____

First Name _____ Middle Initial _____ male/female (please circle one)

Local Address: Street/Box # /Apt # _____

Must provide Proof of Address & ID City _____ County _____

State _____ Township _____
(Only if living outside city limits)

Zip Code _____

Telephone Number _____ - _____ - _____

E-mail Address _____

Work/Permanent/Guardian Address _____

Work/Permanent/Guardian Telephone number _____

Send all notices to (check one): _____ regular mail
_____ e-mail

I promise to comply with all library rules, to promptly pay fines or damages charged to me, and to give immediate notice of change in my address. I understand that all information included on this form will be shared with other TdS libraries.

Signature of applicant Date of Birth ____ / ____ / ____

(Signature of parent or guardian if applicant is under 16 years of age)

| | |
|--------------------------------|---------------------|
| LIBRARY USE ONLY | |
| 206 _____ - _____ - _____ | Other ID Used _____ |
| Temporary barcode number _____ | Date entered _____ |
| Library Patron Class _____ | Stat Class _____ |