## Broome County Public Library Library Card Application (please present ID)

 Last Name	_	_
 First Name Address:	_	_       
Name of Parent/Guardian (if child is 13 or under)		
Phone:	Date of Birt	:h:
E-mail:		
Do you want to receive the monthly email newsletter to find out about upcoming programs and other Library happenings? (please check appropriate box) Yes No		
Do you want to receive periodic updates on how you can get involved with The Friends of Broome County Public Library? (please check appropriate box) Yes No		
I assume responsibility for all materials checked out with this card:		
Signature of borrower or parent/guardian:		
Staff Use Only		
Library Card #:		ID:

All public computers in the library are filtered for adult content and extreme sites. Parents, guardians and caregivers are responsible for their children's use and viewing of the Internet.