

Butt-Holdsworth Memorial Library Card Registration / Renewal Form

Do you currently have a BHML library card? ☐ No ☐ Yes Barcode#: _____

Name as shown on your picture ID: _____
Last Name First Middle

Mailing Address: _____
Street Apt/Space #

City County State Zip
Do you reside within the city limits? ☐ Yes ☐ No

Physical Address (if different) _____
Street Apt/Space #

City County State Zip

Contact number: _____ Email address: _____

Preferred method of contact for reserves and overdue notices? ☐ Phone ☐ Email ☐ Text

Driver's license/state ID number: _____ Issuing state: _____ Date of Birth: _____

Please list any minor children that need to be linked to your account:

_____ Given Legal Name (Last, first, middle)	Date of Birth: _____	Do they currently have a BHML library card? ☐ Yes ☐ No
		Barcode#: _____
_____ Given Legal Name (Last, first, middle)	Date of Birth: _____	Do they currently have a BHML library card? ☐ Yes ☐ No
		Barcode#: _____
_____ Given Legal Name (Last, first, middle)	Date of Birth: _____	Do they currently have a BHML library card? ☐ Yes ☐ No
		Barcode#: _____

We can link family groups together in our library system. Titles of materials checked out and amounts of fines will be given to anyone on the linked account. You will waive your right to patron privacy. Do you wish to have any other adult family member linked to your account?

I would like the following adult card holder linked to my account:

Name: _____	Barcode#: _____	Linked Cardholder signature: _____
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I agree to be responsible for materials borrowed from Butt-Holdsworth Memorial Library, to pay fines for overdue items, and to pay for the replacement of lost or stolen materials. I will give notice of the change of address and promptly report the loss or theft of my library card. BHML has a wide range of materials for every community member, some of which are not appropriate for minors; parents and guardians are solely responsible for their children's use of the library and its resources. Parents and guardians are responsible for the use made by minor children.

Signature

Date

Place Copy of Current Photo ID Here

Please email your completed form to library.webmaster@kerrvilletx.gov with a copy of your current photo ID with your current physical address.