Date:



## Application for a New York Organizational Borrower's Card

## **CONDITIONS FOR ORGANIZATIONAL BORROWERS**

In order to register for an organizational borrower's card, along with this completed form, applicants must present a brief letter, on your organization's letterhead stationery, requesting the card. In the event a request is made to issue multiple cards to the same organization, they will all be attached to a single borrower record.

The authorized person who signs this application & his or her organization are responsible for all materials in all cases borrowed against any organizational borrower's card issued to that person. All regulations of The New York Public Library apply to organizational borrowers.

If the organization has a change of address or phone number, The Library must be notified immediately. Should the authorized person who signs this application leave the organization, the organization will continue to be responsible for all materials borrowed.

PART I. PLEASE PRINT CLEARLY & PROV	IDE ALL INFORM	ATION REQUESTE	D	
Name of Organization:				
Street Address:				
Floor/Room/Suite#:				
City:	State:		ZIP Code:	
Email Address:		Telephone Nur	mber: (	) -
PART II. PLEASE ANSWER THE FOLLOW	ING QUESTIONS			
1. This application is for a New	Library Card?	Replaceme	ent Library C	ard?
2. Do you already have a Brooklyn or	Queens Public	Library card? If	so, enter the	e card number:
3. Please choose an easy-to-rememb	er four-digit Per	sonal Identificat	ion Number	(PIN):
4. In what way would you prefer to r E-Mail Telephone	eceive notices fr	om The Library	?	
5. Yes, my organization would like & initiatives.  Note: Patrons who wish to stop receiving e-communications or				programs, services
PART III. PLEASE READ & SIGN YOUR AF	PPLICATION			

By submitting this application, I declare that all information provided is accurate & I, the undersigned, & my organization agree to The New York Public Library's Cardholder Rules & Regulations, accept responsibility for all use of the card, all library materials checked out on the card & all charges made against it. I understand that use of this library card is non-transferrable & in the event either the wallet-size or keychain card is lost or stolen, I will notify The New York Public Library immediately.

I understand that The Library's use of my personal information is governed by its Privacy Policy (available at nypl.org).

Primary Applicant's Signature:	
Name Of Primary Applicant:	Job Title:
Name Of Secondary Applicant:	Job Title:
Name Of Tertiary Applicant:	Job Title:

FOR LIBRARY USE ONLY		
Home Library Location Code:		
Network Library:		Expiration Date:
Home Region:		
Patron Type:	APATID:	APPLY BARCODE
Scholar or Program Type (If Applicable):		LABEL MEKE

FORM NYPL58 (REV. OCT 2012)