



Application for TRAC / TAL Card

<p>Bon Accord Library Library</p> <hr/> <p>Name *</p> <hr/> <p>Street or P.O. Box *</p> <hr/> <p>City / Province / Postal Code *</p> <hr/> <p>Home Phone / Fax</p> <hr/> <p>2nd Street of P.O. Box</p> <hr/> <p>2nd City / Province / Postal Code</p> <hr/> <p>2nd Phone / Fax *</p> <hr/> <p>Parent / Guardian</p> <hr/> <p>Home Municipality *</p> <hr/> <p>Email Address (Parent Email) M or F Birth year _____</p> <hr/> <p>Signature (Parent or Guardian) _____ Date _____</p>	 <p style="font-size: 2em; font-weight: bold; margin: 0;">TRAC</p> <p style="font-size: 0.8em; margin: 0;">THE REGIONAL AUTOMATION CONSORTIUM</p>	<p style="text-align: center; font-weight: bold;">For Library Use Only</p> <p style="text-align: center;">Barcode</p> <p>ID SHOWN</p> <p><input type="checkbox"/> Driver's License</p> <p><input type="checkbox"/> Health Care Card</p> <p><input type="checkbox"/> Other _____</p> <p>P-Type _____</p>
<p>❖ Card must be presented each time materials are borrowed.</p> <p>❖ Loss of card or change of address must be reported</p> <p>❖ Privileges extended with card may be revoked for cause.</p> <p>❖ Card is not transferable</p> <p>❖ I agree to be responsible for all materials borrowed on my card and to abide by the rules and regulations of the library where I use my card.</p> <p>The personal information collected on this application is used to provide you with library services at participating member libraries of TRAC and The Alberta Library. It may be shared with these libraries to verify membership and to collect fines or debts owing, and to provide information about library services and for statistical purposes. It is collected under the authority of Section 32 of the Freedom of Information and Protection of Privacy Act and it is protected under this act. If you have any questions on disclosure or use of this information, please ask your librarian.</p>		

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<p>Bon Accord Library Library</p> <hr/> <p>William Smith Name</p> <hr/> <p>4509-54 Avenue Box 689 Street or P.O. Box</p> <hr/> <p>Bon Accord, AB, T0A 0K0 City / Province / Postal Code</p> <hr/> <p>780-444-4444 Home Phone / Fax</p> <hr/> <p>2nd Street of P.O. Box</p> <hr/> <p>2nd City / Province / Postal Code</p> <hr/> <p>2nd Phone / Fax</p> <hr/> <p>John Smith Parent / Guardian</p> <hr/> <p>Home Municipality john.smith@alibraryuser.com</p> <hr/> <p>Email Address</p> <hr/> <p><input checked="" type="checkbox"/> M or F Birth year 1999</p> <hr/> <p>Signature _____ Date 01/20/2014</p>	 <p style="font-size: 2em; font-weight: bold; margin: 0;">TRAC</p> <p style="font-size: 0.8em; margin: 0;">THE REGIONAL AUTOMATION CONSORTIUM</p>	<p style="text-align: center; font-weight: bold;">For Library Use Only</p> <p style="text-align: center;">Barcode</p> <p>ID SHOWN</p> <p><input type="checkbox"/> Driver's License</p> <p><input type="checkbox"/> Health Care Card</p> <p><input type="checkbox"/> Other _____</p> <p>P-Type _____</p>
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