

**WEST FARGO PUBLIC LIBRARY
BORROWER'S APPLICATION
INSTITUTIONAL CARD**

**Information given will be kept in strictest confidence.
Please Print Clearly**

Name of Organization: _____

Name of Authorized Representative: _____

Title: _____

Mailing Address: _____

Phone Number: _____

Email address: _____

I agree:

- **The purpose of the institutional card is to assist teachers and West Fargo businesses with easy access to WFPL materials needed for use in the classroom or for business purposes.**
- **The organization in whose name the card is issued assumes full financial responsibility of all fees and charges for all materials borrowed.**
- **An institutional card holder is subject to the same policies and procedures other West Fargo card holders are expected to follow unless specifically excluded in the Library's policy and procedures.**
- **The Library Director may establish limits on the number of items checked out that are different from other patrons**

Signature of Authorized Representative: _____ Date: _____

Library Card Barcode: _____