



Bibliothèque nationale
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APPLICATION FORM BICHERBUS

Please send this form to bicherbus@bnl.etat.lu or hand it in on the bus.

Unless otherwise indicated, all fields are required.

Applicant

First name(s): _____ Surname(s): _____

Date of birth: _____

All names as shown on ID.

I hereby apply for membership at the Bicherbus of the National Library of Luxembourg and its library services. I will receive a personal login and password to access the services. A personal library card may be issued upon request.

Address and contact details

House no and street: _____

Postcode: _____ City: _____

Municipality*: _____ Country: _____

Phone*: _____ Email: _____

** Optional fields*

Terms of Use

I have read, understood and accepted the internal rules and regulations of the Bicherbus. I undertake to pay the Bicherbus the equivalent value of any document accidentally damaged by my fault and/or not returned. Details on www.bnl.lu. *You must tick this box.*

I agree for the personal data I provide to be stored in the central user database that can be accessed by all libraries in Luxembourg's bibnet.lu network. I undertake to notify the library of any changes to my address. *You must tick this box.*

Newsletter

The National Library's fortnightly newsletter invites you to events and informs you about news and development at the library, its services and its collections.

Yes, I'd like to subscribe to the newsletter.

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Luxembourg, _____

Signature: _____