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APPLICATION RENEWAL FORM BICHERBUS

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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 the renewal of my 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

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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 rules.bicherbus.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.

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