



## LIBRARY CARD REGISTRATION

Today's Date:	<input type="checkbox"/> Adult <input type="checkbox"/> Child	Computer Use <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Birth Date:	
Preferred Name (if different):		
Primary Address Street:		
City:	State:	ZIP Code:
Secondary Address (if applicable) Street:		
City:	State:	ZIP Code:
Primary Phone:	Secondary Phone:	Other Phone:
E-mail (to be used for library notifications): <input type="checkbox"/> I agree to receive library newsletters and other information by email		
Hold notification preferences: <input type="checkbox"/> Text _____ <input type="checkbox"/> Email <input type="checkbox"/> Phone _____ (if different than primary phone number)		
<b><i>I accept full responsibility for all use of this library card and for all charges associated with its use. I agree to abide by the library's rules and regulations.</i></b>		
Signature:		
Signature of Guardian (if applicable):		
Printed Name of Guardian:		
<b><i>For staff use only</i></b> <span style="float: right;"><i>rev 07/2019</i></span>		
Staff Initials:	ID Verified <input type="checkbox"/>	Library Card Number:
Residency:	School District:	<input type="checkbox"/> In System <input type="checkbox"/> Out of System