

LIBRARY CARD REGISTRATION

NAME

LAST: _____

FIRST: _____ MI: _____

MAILING ADDRESS

STREET: _____

TOWN: _____ STATE: _____ ZIP: _____

HOME ADDRESS (if different or if mailing address is a PO Box)

STREET: _____

TOWN: _____ STATE: _____ ZIP: _____

BIRTH DATE: _____ / _____ / _____

PHONE #: (_____) _____

E-MAIL ADDRESS: _____

(if you wish to be e-mailed overdue and pick-up notices)

SIGNATURE: _____

By signing, I agree to be responsible for items borrowed with this card, including all charges incurred and any lost or damaged materials charged upon it and to give immediate notice of any change of address. I understand that privileges may be revoked if library materials are not returned in good condition or if charges are not paid. I understand that library staff cannot oversee use or borrowing of materials in any format and that it is the parent/guardian's responsibility to monitor child's use of materials and the internet.