

IDENTIFICATION REQUIRED:

- **Photo I.D.** (i.e. Driver's license, state I.D. card)
- **Proof of Current Address** (i.e. Driver's license, state I.D., recent mail, online bill)

PATRON INFORMATION (please print):

Name: _____ **PIN:** _____
First Middle Last 4 Numbers

Preferred Name: _____ **Birthdate:** ____ / ____ / ____
Month Day Year

Mailing Address: _____
Street, RR/Fire Number or P.O. Box City or Village State Zip

County of Residence: _____ **Township:** _____

Residential Address: (Complete if different from mailing address)

Street, RR/Fire Number or P.O. Box City or Village State Zip

Contact Phone: _____ - _____ - _____ **Email Address:** _____

I would prefer to be notified of my requests by: (choose one)

____ Email
____ Phone

____ Text Message: (circle one) AT&T, Boost Mobile, Cingular, Cricket, Google Fi, Republic, Sprint, T-Mobile,
US Cellular, Verizon, Virgin Mobile, Other _____

Acceptance of Responsibility:

- I will be responsible for all materials checked out on this card, including materials checked out by others with or without my consent, unless I have previously reported the loss of my card.
- I will report a lost or stolen card, or any change of personal information (name, address, phone, email), immediately.
- I will comply with all library rules and policies.
- I understand that there will be charges for overdue, lost, damaged and stolen library materials.
- I understand that the library provides access to a broad range of resources and that it is my responsibility to judge for myself and or my children or minor dependents what resources are appropriate for my/our personal use.
- I understand that I will receive emails of library events and library related activities.

SIGNATURE: _____ **Date:** _____

FOR JUVENILES (AGE 0-15), PLEASE COMPLETE:

Parent or Legal Guardian Signature: _____
Please print Parent or Legal Guardian Name: _____

Children will receive their own library card and account.

Name of Child: _____
First Middle Last

Birthdate: ____/____/____

Preferred Name: _____ PIN #: _____
4 Numbers

Barcode - Staff Use Only

Name of Child: _____
First Middle Last

Birthdate: ____/____/____

Preferred Name: _____ PIN #: _____
4 Numbers

Barcode - Staff Use Only

Name of Child: _____
First Middle Last

Birthdate: ____/____/____

Preferred Name: _____ PIN #: _____
4 Numbers

Barcode - Staff Use Only

Name of Child: _____
First Middle Last

Birthdate: ____/____/____

Preferred Name: _____ PIN #: _____
4 Numbers

Barcode - Staff Use Only

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FOR LIBRARY STAFF USE ONLY:

Send to: _____ From: _____ Initial when ID checked: _____ Date entered: _____

New Registration Address/Name Change Lost Card

Patron has card with barcode # _____

PIN assigned _____ Sort Code _____