

PATRON REGISTRATION FORM (ADULT)

*****PHOTO IDENTIFICATION IS REQUIRED*****

PLEASE PRINT CLEARLY



DATE _____

APPLICANT NAME (NAME OF CARDHOLDER)

LAST _____ FIRST _____ MI _____

STREET ADDRESS _____

MAILING ADDRESS (if different from above) _____

CITY _____ STATE _____ ZIP CODE _____

I AM A RESIDENT OF _____ (City, Town or Village)

PHONE: Home (____)____-____ Cell (____)____-____ Work (____)____-____

EMAIL _____

NOTIFICATION OPTIONS: How would you like to receive due dates, overdue notices and request notices?

I would like to receive notices by **email**.

I would like to receive notices by **text message** (can be in addition to email or phone).

Cell Phone Number (if different) (____)____-____ CARRIER (Required) _____

I would like to receive notices by **phone**. Which number? Home Cell Work

Would you like to receive the **Library Newsletter** by email? YES

PHOTO IDENTIFICATION: DRIVER'S LICENSE/ID # _____ STATE _____

OTHER PHOTO IDENTIFICATION TYPE AND # _____

DATE OF BIRTH ____/____/____

Yes, I accept responsibility for items checked out on my library card.

SIGNATURE _____ DATE ____/____/____

For use by library staff only	
Checked for Duplicate Record by Last, First Name _____ (staff initials)	Registration Verification Date _____ _____ (staff initials)
Patron ID Verified _____ (staff initials)	
Library Card # _____ (staff initials)	