

PATRON REGISTRATION FORM (ADULT)

PHOTO IDENTIFICATION IS REQUIRED

PLEASE PRINT CLEARLY



DATE _____

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

OTHER PHOTO IDENTIFICATION TYPE AND # _____

NAME: FIRST _____ MIDDLE _____ LAST _____

DATE OF BIRTH ____/____/____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

MAILING ADDRESS (if different from above) _____

CITY _____ STATE _____ ZIP CODE _____

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

PHONE: (please give at least one)

- (____)____-____ CARRIER*: _____
- (____)____-____ CARRIER*: _____
- (____)____-____ CARRIER*: _____

*Carrier required for Text notifications

EMAIL _____

Would you like to receive **Checkout Receipts** by email? YES

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

Patron ID Verified _____ (staff initials)

Library Card # _____ (staff initials)

Registration Verification

Date _____

_____ (staff initials)