



Be sure to bring two forms of ID with you to verify your address (driver's license, metered mail, etc.) when you return this form. Borrowers must be present at the library to obtain a card. The library staff cannot process your registration form without seeing address verification. Thank You.

Mr. Mrs. Ms. Miss Other _____

First Name: _____ Middle: _____ Last: _____

Address: _____

City: _____ State: _____ Zip: _____ Township: _____

Phone Number: (____) _____ - _____ Date of Birth: _____

You need a PIN to use the computer lab. PIN _____

NOTICES ABOUT OVERDUE ITEMS WILL BE SENT BY MAIL IF YOU DO NOT HAVE E-MAIL. YOU WILL RECEIVE NO INFORMATION ON YOUR HOLD IF YOU DO NOT PROVIDE A PHONE NUMBER.

E-mail Address: _____

Would you like to notified of the following by **E-mail**:

- Press releases
- Classes offered through the library

Please read and sign:

I AGREE TO BE RESPONSIBLE FOR MATERIALS BORROWED WITH THIS CARD AND FOR FINES AND FEES INCURRED, INCLUDING LOST AND DAMAGED ITEMS.

SIGNATURE: _____

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If under 18, please have this section filled out by your Parent/Guardian:

Parent/Guardian Name: _____

Parent/Guardian Address & Phone Number (if different): _____

I AGREE TO BE RESPONSIBLE FOR MATERIALS BORROWED BY THE ABOVE MINOR AND/OR FINES AND FEES INCURRED, INCLUDING CHARGES FOR LOST AND DAMAGED MATERIAL. I UNDERSTAND THAT THE LIBRARY DOES NOT ACCEPT RESPONSIBILITY FOR MY CHILD'S CHOICE OF LIBRARY MATERIALS FROM EITHER THE ADULT OR CHILDREN'S COLLECTIONS. I ACCEPT FULL RESPONSIBILITY FOR THE SELECTION OF MATERIALS MADE BY THIS MINOR.

Parent/Guardian Signature: _____

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STAFF USE ONLY

SIGNATURE VERIFIED: _____ ADDRESS VERIFIED: _____ SIGNATURE CAPTURED: _____

TOWNSHIP/COUNTY: _____ / _____

BARCODE: 27500000 _____ STAFF MEMBER INITIALS: _____

TYPE OF CARD: RECIPROCAL PLAC FEE LOCALEMP RESIDENT

DRIVERS LICENSE NUMBER (IF APPLICABLE): _____