

DATE: _____



BORROWER REGISTRATION FORM

- 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. The library staff cannot process your registration form without seeing address verification.
- Borrowers must be present at the library to obtain a card.

Mr. Mrs. Ms. Miss Other _____

Last Name: _____ First Name: _____

Middle Name: _____

Address: _____

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

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

E-mail Address: _____

Would you like to be notified of the following by E-mail?

- Press releases/Classes offered through the library MyJC Program Guide
- Information on Friends of the Library Wowbrary (Newest items at your library)

How would you like to be notified of holds:

- Email Phone Text: _____

NOTICES ABOUT OVERDUE ITEMS WILL BE SENT BY MAIL IF YOU DO NOT HAVE E-MAIL. E-MAIL NOTIFICATION WILL GENERATE COURTESY NOTICES BEFORE ITEMS ARE DUE.

Password: _____

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, AS WELL AS LOSS OF MY CARD OR CHANGE OF HOME OR E-MAIL ADDRESS.

SIGNATURE: _____

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, AS WELL AS LOSS OF MY CARD OR CHANGE OF HOME OR E-MAIL ADDRESS. 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: _____

I ALLOW MY CHILD TO ACCESS THE INTERNET: Yes No

STAFF USE ONLY

SIGNATURE VERIFIED: _____ ADDRESS VERIFIED: _____

TOWNSHIP/COUNTY: _____ / _____

BARCODE: 27500 _____ STAFF MEMBER INITIALS: _____

TYPE OF CARD: RESIDENT RECIPROCAL PLAC FEE COMPUTER USAGE TEMP STUDENT

DRIVERS LICENSE NUMBER (IF APPLICABLE): _____