DATE: ______________________

BORROWER REGISTRATION FORM

Jackson County Public Library

- **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.**

Last Name: ________________________ First Name: ________________________

Middle Name: ________________________ Preferred Name: ________________________

Address: ____

City: ________________________ State: ____________ Zip: ____________

Phone Number: (______)__________-__________ Date of Birth: ________________________

E-mail Address: ____

Library Account Password ____

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/newsletter)

Would you like to be notified of holds by

☐ Phone ☐ Email ☐ Text ____________________ / Service Provider ____________________

EMAIL AND TEXT NOTIFICATION WILL GENERATE COURTESY NOTICES BEFORE ITEMS ARE DUE. IF ITEMS ARE ELIGIBLE, THEY MAY BE AUTO-RENEWED. NOTICES ABOUT OVERDUE ITEMS WILL BE SENT BY MAIL IF YOU DO NOT HAVE E-MAIL OR TEXT.

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 PHONE NUMBER, HOME, OR E-MAIL ADDRESS. I AM RESPONSIBLE FOR REPORTING ANY CHANGES OR LOSSES.

SIGNATURE:____

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

If under 18, please have this section filled out by your Adult Sponsor:

ADULT SPONSOR NAME: ____

ADULT SPONSOR 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 PHONE NUMBER, HOME, OR E-MAIL ADDRESS. I UNDERSTAND THAT THE LIBRARY DOES NOT ACCEPT RESPONSIBILITY FOR THIS 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.

ADULT SPONSOR SIGNATURE: ____

I ALLOW THIS CHILD TO ACCESS THE INTERNET: ☐ YES ☐ NO

I ALLOW THIS CHILD TO CHECK OUT R-RATED, M-RATED, AND UNRATED AUDIOVISUAL MATERIALS: ☐ YES ☐ NO

STAFF USE ONLY

Revised 5/19

SIGNATURE VERIFIED: _______ ADDRESS VERIFIED: _______

TOWNSHIP/COUNTY: ____________________/________________________________

BARCODE: 27500 _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ STAFF MEMBER INITIALS: ______

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

DRIVERS LICENSE NUMBER: ____