



Adult Registration Form

All information will be treated as confidential

Please Print

Last name _____ First _____ Middle _____

Date of Birth _____
Month Day Year

Local Mail Address: Street _____ Apt # _____
City _____ State _____ Zip _____

Alternate Address: Street _____ Apt # _____
City _____ State _____ Zip _____

Phone #1 _____ - _____ - _____ Phone #2 (cell/work) _____ - _____ - _____

Email _____

Best way to contact about holds and overdue items **(circle one)** Email Phone 1 Phone 2

School _____ Graduation Year _____

I agree to abide by all library laws and regulations, accept the responsibility to return all items borrowed in good condition and on time, and pay for any charges for overdue fines, damages or losses. I also agree to notify the library promptly of any changes to my home or email address or telephone number or if my card is lost or stolen. I understand the library disclaims any responsibility for any damage incurred to my equipment from use with library audio-visual materials.

Signature _____ Date _____

For library use only

Barcode _____ Ptype _____ Expiration Date _____

ID (License) _____ School/Organization _____

P/Codes: Age _____ Ward _____ Residence _____

Message _____

Notes _____

Circle One: NEW INFO CHANGE LOST CARD OUT-OF-STATE = \$25.

Checkouts: 3 weeks _____ / _____ / _____ / _____
1 week _____

Staff Initials _____ Check By _____ Date _____ Check By _____ Date _____