



# Library Card Registration Form

Staff Use ONLY:

Staff Initials: \_\_\_\_\_

Barcode: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY

PLEASE PRINT NEATLY.

## Applicant Information Proof of Address required

Last Name		First Name		Middle Initial
Driver's License or ID	Parent Barcode (if applicant is a minor)		Date of Birth: MM/DD/YYYY	
Number and Street Home Address				APT #
City		State	Zip	
Home Phone Number (     )		Cell Phone Number (     )		

## Email Notification (For official Library communications only: such as hold requests and overdue notices.)

Home email:		Work email:	
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## Alternate Address

Number and Street Address			APT #
City	State	Zip	

**Your PIN is the last four digits of your home telephone number.**

### STATEMENT OF RESPONSIBILITY

I agree:

- To be responsible for all materials charged on my card and promptly pay all charges;
- To observe library rules and policies (available online at [www.crowellpubliclibrary.org](http://www.crowellpubliclibrary.org));
- To notify the library of any name, address, telephone, or email changes and/or lost cards;

For Parents/Guardians:

- My child will observe all library rules and policies.
- My signature authorizes my child to use/borrow library materials and access the internet.
- I am responsible for all materials charged to my child's card. My child's overdue fees will restrict my borrowing privileges.
- I will not leave my child unattended in the library

\_\_\_\_\_  
(Signature of applicant)

\_\_\_\_\_  
(Signature of parent/guardian if applicant is under 16 years of age)

\_\_\_\_\_  
(Applicant's name – Please print)

\_\_\_\_\_  
(Parent's name – Please print)