

LIBRARY CARD REGISTRATION FORM

Library Name: _____

Circle: Mr.
Mrs.
Ms.
Miss

First Name

Middle Initial

Last Name

Address: _____ Apt. # _____

City: _____, PA Zip: _____

Home Phone: _____ Work Phone: _____

City, Boro, Township: _____ County _____

Name of primary contact at this address for library mailings: _____

School District: _____ E-mail: _____

Date of Birth: _____ Gender: M F

For children under 14 years of age, parents must sign. Parents and guardians signing for borrowers under the age of 14 are responsible for their fines and lost materials incurred by their usage. Parents and guardians are also responsible for monitoring the materials their children or wards borrow.

By signing, you agree that you have applied for the right to use the Library and that you promise to agree with all its rules, to give immediate notice of change of address or telephone number, and to pay promptly any fines or damages charged on your card.

Signature: _____

Required information

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Staff use only:

Barcode: _____