



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	
Date of Birth: MM/DD/YYYY	Parent Name (if applicant is a minor)		Parent Barcode (if applicant is a minor)		
Number and Street Home Address				APT #	
City		State	Zip		
Home Phone Number ()		Cell Phone Number ()			

Email Notification		To receive information about library programs, check here.		<input type="checkbox"/>
Home email:		Work email:		

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);**
- 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 18 years of age)

(Applicant's name – Please print)

(Parent's name – Please print)