

PINES PATRON CARD REGISTRATION

Staff Use _____
Only _____

** This information will be used for library purposes only and is considered confidential as specified by Georgia Code 24-9-46*

PLEASE PRINT

Name:

First Name

Middle (Please print your full middle name)

Last Name

Mailing address :

Apt.#

City

State

Zip

(P. O. Boxes OK on this line)

Street Address:

Apt. #

City

State

Zip

(NO P. O. Boxes on this line, please)

Home Phone:

Work/Cell or

Other Phone:

Drivers License #, State ID

or other form of ID

Applicant's

Birthdate

Month (MM) Day (DD) Year (YYYY)

Email Address:

_____ (for holds notification, advance reminders of due dates & overdue reminders)



Check if you would like to receive the library's monthly calendar of events & information about library services via email.

Would you like to register to vote? Yes _____ No _____

Already Registered _____

Not Registering at this time

Taking Application _____

Other: _____

Primary Language

English: _____

Spanish: _____

Vietnamese: _____

Khmer: _____

Lao: _____

French: _____

I apply for the right to use the Library, agree to comply with all its rules and regulations, and give immediate notice of any change of address. I accept **financial responsibility for all fines and/or damage to all Library materials, audiovisual materials and equipment beyond normal wear tear, and I agree to pay the current replacement cost for any materials or equipment which is lost or damaged beyond use while checked out on my card.** Under Georgia Code (OCGA Annotated Rev. 1985, 20-5-53), failure to return items borrowed from a public library is a misdemeanor.

Signature _____

Date _____

My child may have Internet Access

YES _____

NO _____

(Please check one)

As the parent or guardian of a child 17 years or younger, I am willing to allow him/her to borrow materials from the public library. I will take responsibility to pay any charges for lost or damaged library materials and pay any fines.

Parent's Name: _____

(Please print)

Parent's Signature _____

STAFF USE ONLY:

Barcode **21012** _____

Branch _____

Date: _____

Entered: _____

Mailed: _____

Delivered: _____

ID Type: Drivers License

Voter's Card

Preprinted Check

Bill

Tax Receipt

School Records

Other

Profile: PATRON

STAFF

NON-RES

TEMP

TEMP6

TEMP12

OUT OF STATE

GROUP REGISTRATION: GRADE:

TEACHER:

SCHOOL:

Revised 10/09