| P:\Graphics\New_Graphics\Logo PNG\OWWL-Fill.pngLibrary Card Registration | | | | |
| --- | --- | --- | --- | --- |
| Today’s Date: | |  Adult  Child | | Computer Use:   Yes  No |
| Name:  Preferred Name (if different): | | | | Birth Date: |
| E-mail (for library notifications) Yes, send me newsletters/other communications | | | | |
| Primary Address: | | | | |
| City: | State: | | ZIP Code: | |
| Secondary Address: | | | | |
| City: | State: | | ZIP Code: | |
| Primary Phone: | Secondary Phone: | | Other Phone: | |
| *continued on other side* | | | | |

| P:\Graphics\New_Graphics\Logo PNG\OWWL-Fill.pngLibrary Card Registration | | | | | |
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| Today’s Date: | | |  Adult  Child | | Computer Use:   Yes  No |
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| E-mail (for library notifications) Yes, send me newsletters/other communications | | | | | |
| Primary Address: | | | | | |
| City: | State: | | | ZIP Code: | |
| Secondary Address | | | | | |
| City: | | State: | | ZIP Code: | |
| Day Phone: | | Evening Phone: | | Other Phone: | |
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| P:\Graphics\New_Graphics\Logo PNG\OWWL-Fill.pngLibrary Card Registration | | | | | |
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| City: | State: | | | ZIP Code: | |
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| City: | | State: | | ZIP Code: | |
| Primary Phone: | | Secondary Phone: | | Other Phone: | |
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| P:\Graphics\New_Graphics\Logo PNG\OWWL-Fill.pngLibrary Card RegistratioN | | | | | |
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| Secondary Address: | | | | | |
| City: | | State: | | ZIP Code: | |
| Day Phone: | | Evening Phone: | | Other Phone: | |
| *continued on other side* | | | | | |

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| --- | --- | --- |
| ***I accept full responsibility for all use of this library card and for all charges associated with its use. I agree to abide by the library’s rules and regulations.*** | | |
| Signature: | | |
| Signature of Guardian (if applicable): | | |
| Printed Name of Guardian: | | |
| Preferred hold notifications Email Phone Text (\_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_) | | |
| Carrier: | | |
| ***For staff use only*** *rev 02/2024* | | |
| Staff Initials:  ID Verified □ | Library Card Number: | In System  Out of System |
| Residency: School District: | | |

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| ***I accept full responsibility for all use of this library card and for all charges associated with its use. I agree to abide by the library’s rules and regulations.*** | | |
| Signature: | | |
| Signature of Guardian (if applicable): | | |
| Printed Name of Guardian: | | |
| Preferred hold notifications Email Phone Text (\_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_) | | |
| Carrier: | | |
| ***For staff use only*** *rev 02/2024* | | |
| Staff Initials:  ID Verified □ | Library Card Number: | In System  Out of System |
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