| P:\Graphics\New_Graphics\Logo PNG\OWWL-Fill.png Library Card Registration | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| Today’s Date: | | | Adult Child | | | Computer Use  □ Yes □ No |
| Name:  Preferred Name (if different): | | | | | | Birth Date: |
| Primary Address  Street: | | | | | | |
| City: | | | State: | | ZIP Code: | |
| Primary Phone: | | | Secondary Phone: | | Other Phone: | |
| E-mail (to be used for library notifications):  I agree to receive library newsletters and other information by email | | | | | | |
| Hold notification preferences:  Text \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ Carrier:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email  Phone \_\_ \_\_ \_\_-\_\_ \_\_ \_\_-\_\_ \_\_ \_\_ \_\_ *(if different than primary phone number)* | | | | | | |
| ***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: | | | | | | |
| ***For staff use only*** *rev 02/2024* | | | | | | |
| Staff Initials: | ID Verified □ | | Library Card Number: | | | |
| Residency: | | School District: | | In System  Out of System | | |