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

| P:\Graphics\New_Graphics\Logo PNG\OWWL-Fill.png  Library Card Registration |
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| Today’s Date:  |   Adult  Child | Computer Use:  Yes  No |
| Name: | Birth Date: |
| E-mail (for library notifications and communications): |
| Primary Address: |
| City: | State: | ZIP Code: |
| Secondary Address: |
| City: | State: | ZIP Code: |
| Primary Phone:  | Secondary Phone:  | Other Phone: |
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| P:\Graphics\New_Graphics\Logo PNG\OWWL-Fill.png  Library Card RegistratioN |
| --- |
| Today’s Date:  |   Adult  Child | Computer Use:   Yes  No |
| Name: | Birth Date: |
| E-mail (for library notifications and communications):  |
| Primary Address: |
| City: | State: | ZIP Code: |
| 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: |
| ***For staff use only*** *rev 11/2017* |
| 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: |
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| Staff Initials: ID Verified □  | Library Card Number:  |  In System  Out of System |
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