| P:\Graphics\New_Graphics\Logo PNG\OWWL-Fill.png Library Card Registration |
| --- |
| Today’s Date:  |  Adult Child | Computer Use□ Yes □ No |
| Name: | Birth Date: |
| Primary Address Street: |
| City: | State: | ZIP Code: |
| Secondary Address (if applicable) Street: |
| City: | State: | ZIP Code: |
| Primary Phone:  | Secondary Phone:  | Other Phone: |
| E-mail:(to be used for library notifications and communications) |
| ***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: |
| Residency:  | School District: |  In System  Out of System |