



REGISTRATION FORM

PERSONAL INFORMATION:

FULL NAME (PRINT): _____

DATE OF BIRTH: _____ / _____ / _____

GENDER: MALE ☐ FEMALE ☐ OTHER ☐

ADDRESS: _____

PHONE NUMBER: _____

EMAIL: _____

I UNDERSTAND THAT BORROWING BOOKS FROM THE LIBRARY IS A
PRIVILEGE.

I PROMISE TO TAKE CARE OF THE MATERIALS THAT I BORROW AND I
WILL RETURN THEM ON TIME.

I WILL PAY FOR ANY MATERIAL THAT IS LOST OR DAMAGED WHILE IT IS
CHECKED OUT TO ME.

I UNDERSTAND THAT I WILL NOT BE ABLE TO CHECK OUT ADDITIONAL
MATERIALS WHILE I HAVE OVERDUE OR LOST MATERIALS ON MY
ACCOUNT.

I AGREE TO FOLLOW THE RULES OF THE LIBRARY.

PATRON

SIGNATURE: _____

EMERGENCY CONTACT:

FULL NAME (PRINT): _____

RELATIONSHIP: _____

PHONE NUMBER: _____

STAFF USE ONLY:

DATE: _____

STAFF NAME: _____

MEMBERSHIP
TYPE: _____

CARD
NUMBER: _____

EXPIRATION DATE: _____

ID/ DLN: _____

PLAC NUMBER (IF
APPLICABLE): _____

ASM INITIALS: _____