

P I N E S PATRON CARD REGISTRATION

Staff Use _____
Only _____

** This information will be used for library purposes only and is considered confidential as specified by Georgia Code 24-9-46*

PLEASE PRINT

Name: _____

First Name	Middle (Please print your full middle name)	Last Name
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Mailing address : _____

(P. O. Boxes OK on this line)	Apt.#	City	State	Zip
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Street Address: _____

(NO P. O. Boxes on this line, please)	Apt. #	City	State	Zip
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Home Phone: _____	Work/Cell or Other Phone: _____	Drivers License #, State ID or other form of ID _____	Applicant's Birthdate _____	Month (MM) Day (DD) Year (YYYY)
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Email Address: _____ (for holds notification, advance reminders of due dates & overdue reminders)

Check if you would like to receive the library's monthly calendar of events & information about library services via email.

Would you like to register to vote? Yes _____ No _____ Already Registered _____

Not Registering at this time Taking Application _____ Other: _____

Primary Language English: _____ Spanish: _____ Vietnamese: _____ Khmer: _____ Lao: _____ French: _____

I apply for the right to use the Library, agree to comply with all its rules and regulations, and give immediate notice of any change of address. I accept **financial responsibility for all fines and/or damage to all Library materials, audiovisual materials and equipment beyond normal wear tear, and I agree to pay the current replacement cost for any materials or equipment which is lost or damaged beyond use while checked out on my card.** Under Georgia Code (OCGA Annotated Rev. 1985, 20-5-53), failure to return items borrowed from a public library is a misdemeanor.

Signature _____ **Date** _____

My child may have Internet Access YES _____ NO _____ (Please check one)

As the parent or guardian of a child 17 years or younger, I am willing to allow him/her to borrow materials from the public library. I will take responsibility to pay any charges for lost or damaged library materials and pay any fines.

Parent's Name: _____ **Parent's Signature** _____

(Please print)

STAFF USE ONLY:

Barcode **21012** _____ Branch _____ Date: _____ Entered: _____ Mailed: _____ Delivered: _____

ID Type: Drivers License Voter's Card Preprinted Check Bill Tax Receipt School Records Other

Profile: PATRON STAFF NON-RES TEMP TEMP6 TEMP12 OUT OF STATE

GROUP REGISTRATION: GRADE: TEACHER: SCHOOL: Revised 10/09