

**MARYVILLE COMMUNITY LIBRARY REGISTRATION FORM**  
**Please Clearly Print All Information**

D.O.B. (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_ Driver's License # \_\_\_\_\_

Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

*(If applicant is under 18)*

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

*(If different from above)*

**I prefer to be contacted by:**

E-mail     Text    Cell # \_\_\_\_\_     Phone  
Carrier \_\_\_\_\_

**I would like my reading history turned on**     yes     no

By signing below, I assume full responsibility for my Library Card and will pay all fines for overdue materials, all fees assessed for damaged or lost materials, and all charges incurred if the Library is required to submit my account to a collection agency. I will notify the Library immediately if my card is lost or stolen. I understand that I am responsible for my child's use of all library materials, including the Internet.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

---

**Office/Staff Use**

Card Number: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Please Note: Photo ID and proof of residency within the Maryville Community Library District Boundaries are required of all applicants. Parents must provide proper identification for all minor children. Suitable forms of ID include: Driver's License and Voter Registration Card or recent utility bill (if other form not available).