

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

I would like to sign up for the library newsletter (emailed bi-monthly) 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).