

Tupper Lightfoot Memorial Library

Library Card Registration

PLEASE PRINT

Patron Information

*Legal Name: _____

Maiden Name/Previous Name: _____ Nickname/Preferred Name: _____

*D.O.B. ____/____/____ Occupation: _____

FOR MINORS

Name of Parent/Guardian: _____

Library Card Number of Parent/Guardian: _____

Contact Information

****AT LEAST ONE FORM OF CONTACT INFORMATION IS REQUIRED****

*Physical Address: _____ *City, ST, ZIP: _____

*Mailing Address (if different): _____ *City, ST, ZIP: _____

Email: _____ Secondary Email: _____

Mobile Phone: _____ Home Phone: _____

Contact Preference: Email Text Home Phone Mobile Phone

Would you like to receive text notifications when your books are due?

Please provide your mobile phone carrier: _____
(e.g. Verizon, Straight Talk, MetroPCS)

I want to be notified via email when the Library has programs and events

I want to be notified via mailing address when the Library has programs and events

Flip and sign →

POLICY AGREEMENT

This is an agreement of the following policies: *Technology Safety, Circulation, Safe Child and Code of Conduct.*

I understand that I am responsible for any materials or information checked out or accessed by me, with my card, or by any persons for whom I am responsible. I acknowledge that I am responsible when items under my care are lost, damaged, stolen, or otherwise misused. It is my responsibility to insure that items in my care are returned in good condition and on time, and to pay my fines when an item is overdue, lost, stolen or damaged, and to pay any other fees assessed to me by the Library. By using Library facilities and materials, I agree to follow any and all rules set forth by the library and to behave in an appropriate manner.

**Policy Agreement for Adults

I hereby acknowledge that I have read and agree to the above listed policies.

Signature

Date

Parental Permission

As the legal parent/guardian, I acknowledge that I am responsible for a child when a caretaker, such as a grandmother or close friend, signs up for my child to get a library card, supervises my child in computer use, etc.

Signature

Date

STAFF USE ONLY

I.D. Type/State _____ I.D. Number _____ I.D. Expiration _____

Printed Name _____

Library Card Number _____

Lives/Works in Service Area (FREE) (Proof of Res. Req.) OR Visitor Card (\$15) OR Computer Use Only (FREE)

Proof of Residency Provided Policies Signed Photo Taken Staff Initial _____