

# ADULT

## Library Card Registration Form

<i>Staff use only</i>	
Card # _____	
Pin # _____	Staff Initials _____
New Resident €	Computer Use Only €

**Name:**

\_\_\_\_\_

Mr/Miss Ms/Mrs	Last Name	First Name	Middle Name	Jr, Sr, II, III, etc.
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Gender: Male € Female € Primary Language: \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

**Address & Contact Information:**

\_\_\_\_\_

House #/Street/PO Box ( <i>must supply physical address for PO Box</i> )	City/Town	County	State	ZIP
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Secondary Address (if applicable):

\_\_\_\_\_

House #/Street /PO Box ( <i>must supply physical address for PO Box</i> )	City/Town	County	State	ZIP
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Email address: \_\_\_\_\_ *We can notify you faster & save paper.*

- Please contact me by email for requests, early overdue reminders and notices.
- Please sign me up to receive the library's monthly newsletter in my inbox.

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Photo ID & Proof of Current Residence: \_\_\_\_\_  
*(must show MD Driver's License or other identifying documents to Library staff member)*

**By signing below, I accept responsibility for:**

All materials checked out on this library card; Payment of overdue, lost and/or damaged items;  
Reporting lost or stolen card information immediately; Address or contact information changes.

\_\_\_\_\_

Signature	Date
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