



Patron Registration

Date: ___/___/___

Full Name:			
Address:			
Alternate Address:			
Home Phone:		Cell Phone:	
Email Address:			
ID # (Drivers' License):			
Date of Birth:		Parent:	
<p><i>I hereby agree to comply with the rules and regulations of the NAME Public Library and Evergreen Indiana, accept financial responsibility in accordance with those policies, and will immediately notify the library in the event my contact information changes. I understand that my library card privileges are non-transferrable.</i></p>			
Signature:		Date:	

For Staff Use:	
Barcode	
User Profile:	
Alt Card #:	
RB/PLAC Home Library:	
RB/PLAC Home Library:	
Notes:	
Staff Initials:	