

DATE _____

Last Name _____ First _____ Middle Initial _____

Date of Birth: _____

CURRENT MAILING ADDRESS:

Street/PO Box _____ City _____ Zip _____

Phone # where we can most easily reach you: _____ School District: _____

E-mail (optional): _____

If applicant is under 18, please state who is responsible for this account: _____

Do you want the library to keep a history of what has been checked out on this account? YES PIN
REQUIRED NO

To be able to view this account online, view a history of items borrowed, or request items from other libraries online, please create a PIN consisting of 5-8 letters, numbers or a combination of both: _____

STAFF USE ONLY:

Alternate ID: _____ Date of Birth Confirmed Patron Code: _____ Initial: _____

Local Employer _____ Phone: _____