

LIBRARY CARD REGISTRATION FORM

(Please print)

County: _____ Township: _____

Last Name: _____ First Name: _____

Parent/Guardian for minor child under the age of 18: _____

Street Address: _____ P.O Box _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Email: _____

Drivers License of Applicant or Parent/Guardian: _____

Birthdate: _____

I am the parent/guardian for the following minors who also need library cards:

Name	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

How do you want to be contacted for Overdues and Reserves? Phone Email Text

Do you want a due date notice? Text Email No notice

How do you want your checkout receipt? Printed Emailed

Would you like to receive our *Monthly Snapshot* e-newsletter? Yes No

NCPL USE		
Date of Application: _____	Library Card # _____	Staff Name: _____